



STAFFORDSHIRE COUNTY COUNCIL

Annual Report

OF THE

MEDICAL OFFICER *of* HEALTH

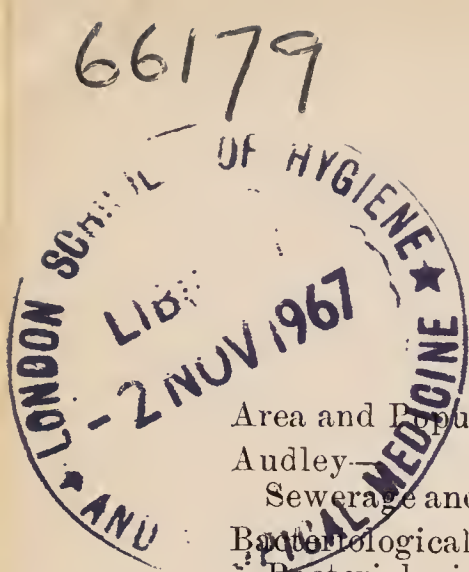
W. D. CARRUTHERS, M.B., D.P.H.

For the Year 1925

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Annual Report of the Medical Officer of Health.

PRELIMINARY NOTE.

The Annual Report for 1925 is required by the Minister of Health to be a Survey Report, and it is intended that it shall deal with :—

- (a) The measure of progress made in the area during the preceding five years in the improvement of public health ;
- (b) The extent and character of the changes made during that period in the public health services of the area ; maternity and child welfare schemes, schemes for the treatment of tuberculosis and venereal diseases, provision of isolation hospitals or other services directed to the prevention or cure of disease in individuals.

The Report accordingly is much fuller than an ordinary Annual Report. The five years under review, I think it will be agreed, have been years of progress, and, bearing in mind the special difficulties that have had to be encountered in these post-war years, it must be a matter for congratulation that so much has been accomplished.

The Report shows how active the various sanitary authorities have been in improving their sewage works, and thus lessening the pollution of streams in their districts which of necessity was not possible during the war years. Many have also undertaken much work in the improvement of the water supplies of their districts.

During this period the County Council has greatly developed its Maternity and Child Welfare Scheme, and, whilst not being directly responsible for the treatment scheme of tuberculosis, it is the largest of the authorities constituting the Joint Committee that deal with this matter who, during the last five years, have taken very active steps to improve the facilities for treatment of this condition, as will be seen in the Survey Report of that body recently published.

Much, indeed, yet remains to be done, as far as District Councils are concerned, particularly in the direction of housing ; in some, the provision of isolation hospitals ; in others, the prevention of rivers pollution and improvements in water supply.

Directions in which the County Council's activities should be especially extended are in the provision of an orthopaedic hospital for crippling deformities, further development of the maternity and child welfare scheme, co-operation with sanitary authorities in the provision of isolation hospitals where required, the stimulation of those concerned in the production of a clean milk supply, and lastly, but by no means least, the development of health propaganda work. It is hoped that before the next Survey Report is due, the present financial stringency will have relaxed so that the various developments in preventive medicine indicated can be undertaken.

W. D. CARRUTHERS,

County Medical Officer of Health.

Stafford, August, 1926.

STAFFORDSHIRE COUNTY COUNCIL.

Annual Report of the Medical Officer of Health.

Summary of Statistics.

1.—GENERAL STATISTICS.

Area of Administrative County	...	...	(acres)	697,557
Population	...	...	(1925)	722,000
Assessable Value	...	...		£3,315,532
Sum represented by a penny rate	...	...		£13,814 14 4

2.—EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

	Total.	M.	F.		
Births (Legitimate)	...	14,792	7,512	7,280	} Birth-rate ... 20.4
(Illegitimate)	...	449	214	235	
Deaths...	...	8,717	4,556	4,161	Death-rate ... 12.0
Number of women dying in, or in consequence of, childbirth	From sepsis ... 15 From other causes 32
Deaths of infants under one year of age per 1,000 births :—					
Legitimate, 80 ; Illegitimate, 146 ; Total, 82.					
Deaths from Measles (all ages)	171
„ „ Whooping Cough (all ages)	163
„ „ Diarrhœa (under two years of age)	166

AREA AND POPULATION.

I have no alteration to record this year in the area of the Administrative County.

The populations of the various districts used in calculating the birth and death-rates have again been supplied by the Registrar-General.

The estimates of population as at 30th June, 1925, which are now provided, have been based on the adjusted 1921 figures, after allowance for the varying rates of natural increase as evidenced by the births and deaths in each area and of migration as indicated from other sources of information, such as the changes in the numbers on the Parliamentary Register and the migration returns obtained by the Board of Trade.

In the following table, the census population of the Administrative County for 1921, and the estimated population to the middle of 1925, are set forth :—

	Census, 1921	Estimated Population to middle of 1925.
Urban ..	492,333	599,700
Rural.. ..	218,532	* 212,300
Total ..	† 710,865	722,000

* The estimated population for the birth-rate in the rural districts is 214,000.

† The Census population of the Administrative County as now constituted is less than this figure by about 27,000, owing to the absorption of certain districts in the extended County Borough of Stoke-on-Trent referred to in my Annual Report for 1922.

BIRTHS.

The births registered in the Administrative County numbered 15,241, compared with 15,546 the previous year, the number in the urban districts being 11,066, and in the rural districts 4,175, compared with 11,189 and 4,357 respectively.

The mean birth-rates in the whole Administrative County and in the urban and rural districts respectively for seven quinquennial periods and for the past year are shown in the following table, in which corresponding rates in England and Wales are included :—

DISTRICTS.		BIRTH-RATE PER 1,000 OF POPULATION.							
		5 yrs. 1889- 1893.	5 yrs. 1894- 1898.	5 yrs. 1899- 1903.	5 yrs. 1904- 1908.	5 yrs. 1909- 1913.	5 yrs. 1914- 1918.	5 yrs. 1919- 1923.	1924. 1925.
Staffordshire {	Combined Urban and Rural ..	33.6	33.2	32.5	30.3	27.8	24.0	24.1	21.6 21.0
	Urban	35.5	34.7	33.6	31.5	29.2	25.0	25.0	22.0 21.7
	Rural	30.2	30.5	30.2	27.0	24.4	21.6	22.0	20.4 19.5
England and Wales ..		30.8	29.7	28.7	26.9	24.5	20.4	21.3	18.8 18.3
Large Towns in England		31.5	30.7	29.7	27.8	25.2	*20.9	22.0	19.4 18.8

* 4 years.

DEATHS.

The number of deaths in the Administrative County amounted to 8,717, the number in the urban districts being 6,287, and in the rural districts 2,430.

In the following table comparative rates for seven quinquennial periods and for the past year are given, together with corresponding figures for the country as a whole, and for large and small towns throughout England :—

DISTRICTS.		DEATH-RATE PER 1,000 OF POPULATION.								
		5 yrs. 1889- 1893.	5 yrs. 1894- 1898.	5 yrs. 1899- 1903.	5 yrs. 1904- 1908.	5 yrs. 1909- 1913.	5 yrs. 1914- 1918.	5 yrs. 1919- 1923.	1924.	1925.
Staffordshire	Combined Urban and Rural	18.1	16.9	16.1	14.6	14.1	15.0	12.3	11.4	12.0
	Urban	18.9	17.5	16.6	15.1	14.7	15.5	12.6	11.5	12.3
	Rural.. ..	16.8	15.7	15.1	13.4	12.7	13.8	11.6	11.2	11.4
England and Wales		19.1	17.4	16.9	15.3	13.9	15.2	12.5	12.2	12.2
Large Towns		21.0	19.0	18.2	15.8	14.3	15.5	12.6	12.3	12.2
Smaller Towns.. ..		17.6	15.9	15.7	14.9	13.6	14.1	11.5	11.2	11.2

The death-rate per 1,000 of the population for this year is 12, whilst that for the country as a whole is 12.2. On referring to the Table for previous years, it will be noted that except during the quinquennial period, 1904 to 1908, the death-rate in this County has been slightly lower than that for England and Wales during the last 36 years.

In the following Table I have shown the chief causes of death for the last five years, the number given each year being approximately 70 per cent. of the total deaths :—

TABLE SHOWING CHIEF CAUSES OF DEATH.

	1921	1922	1923	1924	1925
*Zymotic Diseases	517	421	540	271	604
Influenza	207	435	166	427	325
Tuberculosis of Respiratory System	521	520	497	497	530
Tuberculosis, other forms ..	163	158	172	154	143
Cancer, Malignant Disease ..	727	763	716	639	790
Cerebral Hæmorrhage	488	534	485	487	542
Heart Disease	812	961	900	968	1053
Arterio-sclerosis	159	189	194	205	238
Bronchitis	695	800	644	687	648
Pneumonia	745	906	706	788	809
Congenital Debility &c. ..	727	593	482	551	521

* Enteric Fever, Measles, Small-pox, Scarlet Fever, Whooping Cough, Diphtheria and Diarrhœa.

As one would expect, fluctuations in the number of deaths from various acute infectious diseases will be observed, those from the other diseases set forth remaining more constant. With regard to the latter, the most notable increase since 1921 seems to be in the number of deaths from cerebral haemorrhage, heart disease and arteriosclerosis, diseases that particularly affect those past middle life.

In looking at such a Table as this, many will wonder if all these deaths were inevitable, or if steps could have been taken to at least reduce their number. On referring to the general death-rate Table, it will be observed that whilst the death-rate in the five year period, 1889 to 1893, was 18.1, it has fallen in 1925 to 12 per 1,000 of the population, whilst since 1919 it has remained substantially the same. The reduction in the death-rate referred to is no doubt due in large measure to the public health activities of the Local Authorities who, since the passing of the Public Health Act of 1875 until about 15 to 20 years ago, chiefly concerned themselves with improving the environmental conditions of the homes of the people. Since then, however, in addition to continuing this work, the most striking feature has been the development of personal hygiene, for it was realised that unless the people themselves understood better the laws of health, it would be of little avail to improve their environmental conditions. It is now realised that such educational measures are of prime importance, and in the Public Health Act, 1925, power has been given to Local Authorities to develop public health propaganda work. It may be urged by some that education is regarded by many as the panacea for all our ills, but such a remark in no wise discounts real education which has been defined by Professor Graham Wallas as "a process by which human beings so acquire the knowledge and habits which constitute civilisation as to be fitted to live well, both individually and in co-operation." At the present time, the County Council, through their Committees, are already engaged in teaching personal hygiene to a section of the community, this being limited to the mothers at the infant welfare centres, and at their homes through the Health Visiting Scheme. The children at school regularly receive instruction in hygiene; but there the matter ends. There is little doubt that if we wish to further reduce the death-rate, systematic instruction on personal hygiene to the rest of the community should be instituted. Take, for instance, the question of diet. Whilst much attention has been given to this subject with

fruitful results in the earlier period of life, much ignorance exists amongst the general population on the dietetics of later years. One has only to see those who frequent a large restaurant, and observe their hearty meals, so many taking much more food than they really require ; to acknowledge the truth of the gibe, that many even in this stage of our civilisation dig their graves with their teeth.

Infantile Mortality.

The infant mortality in the Administrative County for 1925 was 82 per 1,000 births, the figures for the urban districts being 88 and for the rural districts 67, whilst for England and Wales during this period the infant mortality rate was 75. The mean rate for the past five years was 81 for the Administrative County.

The marked reduction in infant mortality during the last 15 years is one of the triumphs of preventive medicine in this country. It is unfortunately true that in some areas the death-rate per 1,000 births in children under one year of age is higher than it should be, and even in the best administered areas there still remains much work to be done to prevent the large number of deaths of children that are classified under the heading "congenital debility and prematurity." Some have claimed that the comparatively rapid reduction in the death-rate under one year is entirely due to the health visiting movement. No doubt the development of this work is a most important contributory cause to the reduction, but it is not the only one, for a reduction in the number of deaths has been observed in even those areas where the health visiting work has not been so fully developed, so that other causes must be sought for, such as a general raising of the standard of living, and to the beneficial results from instruction in hygiene given through their school days to the present generation of mothers. It was formerly thought that infant mortality was largely due to adverse environmental conditions alone, and so Public Health Authorities concentrated on remedying them. Now it is known that in addition to suitable surroundings, good mothering is of prime importance, so that mothercraft is an important feature of the work under the Health Visiting Scheme. A further step is now being taken to reduce the loss of life from congenital debility by ante-natal care, and the steps that are being taken in this County are referred to under the section on maternity and child welfare.

Water Supplies.

During the last five years the work undertaken by the various Sanitary Authorities to improve the water supply of their district is as follows :—

BIDDULPH U.D.—The District Council propose to construct an additional storage reservoir four or five times the capacity of their present one, and the detailed plans have been worked out.

BILSTON U.D.—To augment the existing supply, this Authority have sunk a new bore-hole to a depth of 640 feet at “The Bratch,” with a satisfactory result. A new 12 inch trunk main has been laid from the service reservoir to the town. At the present time a new pumping station, complete with up-to-date apparatus together with a pumping main and the construction of a new service reservoir, are in hand.

CANNOCK U.D.—The mains of the South Staffordshire Waterworks Company have been extended to Pye Green, where previously 40 houses have experienced a water famine. Only the introduction of electricity into this district has made this possible, the altitude of Pye Green being 748 feet above sea level.

LEEK U.D.—The District Council, owing to the increased use for domestic and trade purposes, have sought for and obtained powers to increase their supply by virtue of “The Leek Urban District Council Water Act, 1925,” which should meet the requirements of the town for the next hundred years.

SHORT HEATH U.D.—This district is supplied with water from the Wolverhampton Corporation mains, but in the higher parts more pressure is needed during the day time.

STAFFORD M.B.—The Corporation mains have been extended to Doxey, with the result that unsafe shallow wells are no longer relied upon for drinking water. All but 17 of the houses have been connected to the system. The service main from Milford has been duplicated. The present reservoir only holds about one day's supply, and the Council have decided to provide an additional one with a capacity of about one million gallons.

STONE U.D.—The District Council have recently constructed a new bore-hole and provided duplicate pumping machinery.

CHEADLE R.D.—The scheme for supplying Cheddleton, Wetley Rocks, Werrington, etc., with water, has now been completed, and a plentiful supply is available from Wall-Myers.

The Tean water scheme is completed, the water being pumped from springs at Teanford to a storage reservoir from which it gravitates.

The scheme to supply Alton village and neighbourhood from springs at Ramsor is completed, the water being collected in a reservoir by gravitation.

KINGSWINFORD R.D.—Part of this district is supplied with water from the South Staffordshire Waterworks Company's mains. A scheme to supply water to houses at "The Oak" has been completed.

SEISDON R.D.—Part of this district is supplied with water from the Wolverhampton Corporation mains, South Staffordshire Water Works mains, and the Council's own mains at Kinver. The South Staffordshire Waterworks mains have been laid to supply the parish of Bobbington, and the houses are connected. Further extensions of mains have been carried out in the parishes of Kinver, Enville, and Upper and Lower Penn.

UTTOXETER U.D.—The new scheme to supplement the existing supply is completed, and this will provide the town with an adequate supply of water for all purposes. A proposal to supply the village of Rocester from this source is under consideration.

CANNOCK R.D.—The Wolverhampton Corporation mains have been extended to the village of Brewood. In the village of Coven, water is being supplied by arrangement with the South Staffordshire Waterworks Company.

LEEK R.D.—The water supply to certain houses in Chapel Lane, Brown Edge, has now been made adequate by the erection of a stand-pipe supplied by the Potteries Waterworks Company.

WOLVERHAMPTON CORPORATION.—With the view of improving the water supply both to the Borough and outside areas, a reservoir is in course of construction at Bushbury Hill, and a cast-iron rising main has been laid.

GNOSALL R.D. (NORBURY).—A scheme has been carried out to supply this village, which is now available for every house.

In their reports for 1925 several Medical Officers refer to defects or the need for improvements in the existing water supply for parts of their area, of which the following are extracts. As all the reports from the Sanitary Districts for 1925 have not yet been received, I have also included extracts of a similar nature from the reports for the year 1924 of two Rural Districts in which defects in the water supply of the area have been commented on, and which still remain to be dealt with.

RUGELEY U.D.—“ The reservoir has become too small to meet the increasing demands on it, and there is no reserve available of any extra supply of water were it needed for a fire or other purposes. The South Staffordshire Waterworks Company have bought up all the land surrounding the reservoir, and it would be difficult, if not impossible, to enlarge it.”

CHEADLE R.D.—“ Kingsley, Froghall and Kingsley Holt are supplied from springs at Shirley Hollow, between the villages of Ipstones and Foxt. The water is brought from these springs to a reservoir close to Kingsley Village, from whence it is distributed through cast-iron mains. Owing to bursts, and probably, to some extent, to the main being tapped to supply a large number of houses before it reaches the reservoir, there have on many occasions been serious shortages of water in the village, and at the present time the houses in the higher parts and more outlying districts are very inadequately supplied with water for drinking and domestic purposes.”

“ In the village of Hollington there has been no improvement made in the water supply which is derived mainly from two wells. The question of extending the Tean scheme to supply this village and the hamlet of Freehay has been seriously considered by the Local Authority, but so far the cost of such an extension has been found to be prohibitive.”

NEWCASTLE R.D. (BETLEY).—" In this village water for some of the cottages has to be carried a considerable distance. The question of a public supply was considered during the year by the Parish Council, but the scheme was rejected on account of the prohibitive cost."

STONE R.D. (ECCLESHALL).—" During the last five years I have examined numerous samples of water from this district; most of them were, in my opinion, polluted and unfit for domestic use. Recently six samples taken during the dry period from wells supplying six of the better houses in Eccleshall have been submitted to the County Analyst, who reports that five of the samples are badly polluted with sewage and unfit for human use."

" It seems to me impossible that the inhabitants of Eccleshall can continue to drink this badly-polluted water without sooner or later suffering from an epidemic of Typhoid Fever or other water-borne disease, and, in my opinion, steps should be immediately taken to provide the village with a pure water supply."

GNOSALL R.D.—" In Church Eaton village, a scheme is under consideration whereby a good supply may be ensured, but considerable difficulty is being encountered on the grounds of expense. It is confidently hoped, however, that a satisfactory solution may be arrived at during the ensuing year, and the matter is being energetically followed up by the Council."

UTTOXETER R.D. (ROCESTER).—" Some serious consideration should be given to the water supply. Good water has been obtained by boring in the village, and there is still a possibility of obtaining an excellent supply by gravitation when the Uttoxeter Urban Council carry out their Quixhill scheme."

Rivers Pollution.

Roughly, about three-quarters of the area of the County lies within the watershed of the River Trent, which rises in the north at Biddulph Moor, and passes south, through the Potteries as a small stream, subsequently flowing eastwards, where it is joined at Alrewas by its chief tributary, the River Tame, which rises in the Black Country from three separate sources which unite at Bescot, and form the main stream leaving the County at Perry Barr to go through Birmingham, but, like the Trent in the Potteries, it is of no considerable size. Later, on leaving Birmingham, its volume is augmented by other streams, and at Alrewas it is almost the same size as the Trent. The Trent, continuing in its passage eastwards, then passes through Burton, being joined by the River Dove near the County boundary. This river and its main tributary are heavily polluted by sewage and trade waste in their several courses through the two industrial areas of the County. The steps that have been taken to improve the condition of both streams during the last five years will be referred to subsequently.

A comparatively narrow strip of land along the north-western border of the County is in the watershed of the Mersey. Tracing this further south, the area becomes wider, dividing the Black Country into two portions, the western part being in the Severn Watershed. The various streams that rise in these two watersheds are unimportant from a river pollution point of view, except the River Stour, in the south of the County, which drains the southern portion of the Black Country. In this part of its course, the stream is small and much polluted by sewage and trade waste.

In 1923 a Hydrographical Survey of the River Trent was instituted by the Standing Committee on Rivers' Pollution of the Ministry of Agriculture and Fisheries, and has been continued yearly since that date. A year later a similar survey of the River Severn was made, and a special report on the River Stour, the only tributary of importance within the County, was made. In these reports, results of the examinations of samples of the rivers taken at certain fixed points above and below towns and positions where tributaries join the main river are given. The samples were

taken with the object of showing the amount of available oxygen present in the stream, for it has been shown that purification of a stream largely depends on the oxidation processes which naturally take place. This natural constituent of water is present in excess in a clean river, but is consumed in considerable quantities by polluting matters. The results of the examination of each sample are expressed in percentages of saturation, water containing 100 per cent. saturation having been shown to be able to support the higher forms of fish life. Starting from this point, as the percentage is found to be reduced, only coarser fish are able to live, and when the percentage falls below 65 the stream is too polluted to support fish life.

In the accompanying Tables, it will be observed to what extent the streams are polluted, and in this connection it is important to remember that owing to their smallness in the industrial areas, where the chief pollution takes place, it is necessary for a very high standard of purification to be obtained at the sewage works because there is no large volume of river water to dilute the effluent and, therefore, the latter cannot draw to any great extent on the available oxygen in the stream, as an effluent can when discharged into a large river, without seriously reducing the percentage of oxygen in it. In the findings of the Royal Commission on sewage disposal, the standards of purification set forth assume that the effluent will be diluted at least eight times by the river water into which it is discharged, but as this certainly does not occur in our industrial areas, it is obvious that the standards given in the report are much too low for our sewage effluents. The Royal Commission discussed in great detail the importance of the available amounts of diluting water, and suggest that district boards should be set up to fix the standard of purification necessary in different areas, but so far this suggestion has not been acted upon, but as they do state a standard for an ordinary stream in which, as I have said, the effluent is diluted eight times, it seems necessary to refer in some detail to our own local difficulties in this respect.

One of the most important results of the survey has been that it has demonstrated how comparatively quickly our rivers recover from the effects of gross pollution, though,

owing to the amount of such pollution, it is obvious that the natural powers of recovery are overtaxed, and, therefore, the importance of still further reducing the amount of pollution is self-evident.

Another interesting result of the survey was the effect of weirs on the purification of a stream. There is one point on the River Trent at Great Haywood Mill, and a similar one on the River Stour at Bells' Mill, where the water is completely held up by a weir. In both cases the basin above the weir is silted up by the gradual accumulation of impurities, and for all practical purposes resembles the septic tank of a sewage works. The water coming over the weir because it has had time to deposit much of its impurities in the basin above, and because it is then aerated in passing over the waterfall over the weir, is to some extent improved in quality. The effect of the septic pool on the oxygen contained is unfortunately disastrous, for the large mass of polluted matter that is held up above the weir consumes nearly all the oxygen in the water coming from the higher reaches of the river. Another disadvantage is that a weir by holding up the stream prevents the natural scouring of its bed which takes place in a storm, so that the general effect of weirs that completely dam a stream is to mitigate the natural power of recovery that all streams have under normal conditions.

RIVER TRENT.

LOCATION.	PERCENTAGE OF OXYGEN SATURATION.						
	1923.	1924.				1925.	
	July.	May.	June.	July.	Sept.	July.	Sept.
River Trent at Strongford Bridge	38	28	33	29	47	25	35
River Trent at Darlaston above Stone	48	52	50	29	49	29	30
River Trent at Aston, below Stone	31	47	50	34	43	37	30
River Trent at Great Haywood Mill, before receiving River Sow ..	43	52	42	37	47	38	12
River Trent at Great Haywood Mill, below Weir ... ..	...	65	57	60	61	48	33
River Sow at G.N. Railway Bridge	44	80	73	58	71	66	71
River Sow at Brick Bridge	63	107	93	59	73	102	89
River Penk at Radford .	49	78	65	60	66	115	86
River Sow at St. Thomas'	44	88	74	53	69	69	56
River Trent at Weetman's Bridge, near Little Haywood ...	49	68	53	43	50	38	44
River Trent at High Bridge below Rugeley Sewage Works ...	64	74	69	61	52	53	46
River Trent at Alrewas, above confluence with River Tame	60	80	71	81	85	99	81
River Tame at Perry Bar, before entering Birmingham	28	44	48	32	37	13	11
River Tame at Alrewas, above confluence with River Trent	50	64	70	60	45	44	46
River Trent at Alrewas, below junction with River Tame ... ..	...	65	72	74	56	42	39
River Trent, North Boundary of Burton-on-Trent	58	70	67	73	65	77	57
River Dove above confluence with River Trent	69	106	99	103	84	100	103
River Trent below confluence with River River Dove ... ..	...	93	74	82	77	82	72

RIVER STOUR.

LOCATION.	PERCENTAGE OF OXYGEN SATURATION.	
	24th Sept., 1924.	10th June, 1925.
Black Brook, before joining Mousesweet Brook at Cradley Heath	47	28
Mousesweet Brook, before receiving Black Brook	54	57
Mousesweet Brook, before joining River Stour	49	53
River Stour, 2 yards above Mousesweet Brook	64	73
River Stour, 100 yards below Mousesweet Brook	61	65
River Stour, above Coalbourne Brook	6.	35
Coalbourne Brook, before entering River Stour	66	91
River Stour, about 300 yards below Coalbourne Brook	57	40
Audnam Brook, before entering River Stour ... ..	...	99
River Stour at Bell's Mill	42	19
River Stour, above confluence with Smestow Brook	58	75
Smestow Brook, above confluence with River Stour	84	96
River Stour, below confluence with Smestow Brook	70	99
River Stour, leaving Staffordshire below Kinver, after receiving sewage effluent	72	87

Owing to the depletion of the staffs at the various sewage works, and because no constructional work could be undertaken to deal with the increase in population during the war, it was found throughout the country that all Local Authorities were faced with the necessity of immediately undertaking great arrears of work to prevent the pollution of streams in their areas on the termination of the war. I have, therefore, thought it advisable in this Survey Report to refer at some length to the activities of the Sanitary Authorities in Staffordshire in this direction, and from a perusal of the details that follow it will be seen what a large amount of work has been undertaken. At the same time, judging by the low percentage of oxygen in the main rivers, as revealed in the Survey Tables, it is evident that there is still much work necessary before the gross pollution of the rivers can be overcome, but I think it is a matter for congratulation that the Authorities of the County are addressing themselves so actively to the solution of this problem.

RIVER MERSEY WATERSHED.

AUDLEY U.D.—The question of the sewerage and sewage disposal for Audley has been the subject of communications between the Public Health Committee and the Local Authority for a considerable period. A scheme is now being prepared by the District Council.

BIDDULPH U.D.—Pollution of the Biddulph Brook occurs from the sewage of some cottages near the Forge on the Congleton Road, and the Local Authority has been asked to consider a scheme for dealing with this.

RIVER TRENT WATERSHED.

LEEK U.D.—Consideration is being given to the extension or re-construction of the south outfall sewage works. Experiments on the activated sludge principle extending for a period of twelve months have yielded good results.

As an alternative the Authority are considering the extension of the present filtering area, with a view to satisfying themselves as to the most satisfactory method.

CHEADLE R.D.

Cheddleton.—A site of approximately four acres has been acquired to treat the sewage of the village by biological methods to replace the present irrigation works.

A private firm here have put down additional settling tanks to more adequately deal with their trade waste before its discharge into the River Churnet.

Cheadle Town.—A further considerable area of the farm has been underdrained. Unfortunately, the land is not suitable for irrigation purposes; the Council, however, have acquired a site of approximately seven acres for the construction of new works on the biological principle at some future time. In the meantime, the work already done has resulted in a better effluent. In addition to this, a new sewer has been laid to enable houses to be connected to the tanks which formerly drained direct on to the land.

Kingsley Holt and Froghall.—A new sewage disposal works has been constructed here, and the necessary house connections are being made.

Kingsley.—A scheme for the treatment of sewage from this village on the artificial filtration system has been prepared by an engineer, and is under consideration. I do not think that this scheme is likely to be proceeded with, as the cost amounts to about double the available borrowing powers.

Weston Coyney.—A new disposal works on the artificial filtration system has been constructed in connection with the new housing scheme.

Blythe Bridge.—An additional area of land has been acquired and brought into use for irrigation purposes.

KIDSGROVE U.D.—A new works on the artificial filtration system has been constructed to treat the sewage of Kidsgrove proper to serve a population of 6,100.

WOLSTANTON U.D.—The District Council have adopted a scheme for the treatment of the sewage of the population of the major portion of Wolstanton proper—Chesterton, Silverdale, Knutton and Cross Heath—on the activated sludge principle, and a firm of engineers have this in hand. The new works will replace three, where the sewage is treated inadequately on land, and more or less serious pollution of the Lyme Brook will be abated.

NEWCASTLE M.B.—A recorder has been installed at the outfall works to ascertain the dry weather flow. When this is established, it will be possible to estimate what extension of these works is necessary to satisfactorily purify their effluent before discharging it into the Lyme Brook.

CITY OF STOKE-ON-TRENT.

Burslem.—A new activated sludge plant has been laid down, which deals with approximately 1,000,000 gallons daily. Two new storm tanks and an additional rectangular filter have also been constructed.

Longton.—A new cast-iron rising main has been laid to lift the tank effluent to such a level that it can be carried by gravitation to the farm for irrigation. Newstead farm has been acquired to increase the irrigation area. Two new storm tanks have been constructed, and the area of the sludge bed increased.

Stoke and Fenton.—The scheme which was prepared for the provision of a new works in substitution for the two existing works has been under consideration for some time, but at the moment is in abeyance. A proposal to put down a small activated sludge plant by the side of the tanks at the Fenton works for the treatment of part of the Stoke sewage is under consideration. At Stoke, a cast-iron rising main and pumps have been provided so that an additional area on the higher land has been brought under irrigation. The tanks here have been reconstructed.

Tanks are being constructed by a private firm on their own site, where coal-washing is in operation, to precipitate the dust before discharging the waste into the Fowlea Brook.

Tunstall.—The works here have been extended by the construction of an activated sludge plant and two humus tanks. The retaining walls of the six filters have been taken down and rebuilt.

Provision for dealing with the sewage from Goldenhill has also been made, whereby the sewage from that district, which formerly was discharged into the canal and brook, is now delivered by means of a pressure main direct to the Tunstall works for treatment.

Hanley.—The works here have been extended by the construction of an activated sludge plant, dealing with approximately 1,750,000 gallons daily. Three humus tanks have been constructed, also a pumping plant to pump the deposit in the humus tanks back to the septic tank.

Smallthorne.—A scheme is under consideration for the treatment of the sewage of this area which now pollutes the Ford Green Brook.

Meir.—At the Meir a new works to deal with the sewage of a population of about 4,000 by artificial filtration has been constructed.

STONE U.D.—The extension of the sewage works by the construction of humus tanks is completed. A new syphon under the canal has been found necessary, and is now being built.

STONE R.D. (OULTON).—A scheme for the treatment of the sewage of this village by artificial filtration in substitution for inadequate land treatment has been prepared by an engineer.

STAFFORD M.B.—One of the four precipitation tanks has been adapted for the treatment of sewage by the activated sludge method. The plant deals with 150,000 gallons of sewage daily, thus relieving the land which was overworked. It is proposed to adapt the remaining three tanks for this method at intervals.

UTTOXETER U.D.—Some improvement has been made at these works by the provision of two detritus tanks and the underdraining of a sludge lagoon. The filtering area has also been increased to some extent. These works cannot be considered satisfactory.

CANNOCK U.D.—A new works has been constructed on the artificial filtration system for the treatment of the sewage from a new housing scheme at Cannock Wood, and it will also be available for old houses in this part of the district.

CANNOCK R.D.

Bushbury.—The sewage disposal works at Bushbury, which were inadequate to deal with the enormously-increased volume of sewage due to the rapid development of this area, have been discontinued, and the sewer connected to the Wolverhampton main sewer for treatment at the Corporation's sewage farm at Barnhurst. Sewering of the New Oxley and Low Hill Estate housing scheme is in progress, and as a temporary measure the sewage from part of the Low Hill scheme is connected to the Heath Town sewage farm at Coven Heath.

Cheslyn Hay.—A scheme is being prepared for the extension of these works.

Hilton.—A new works has been constructed on the artificial filtration system for the treatment of sewage from a housing scheme at a new colliery, and the existing houses have been connected to the sewer.

LICHFIELD R.D.

Chase Town.—A scheme to substitute artificial filtration of sewage for inadequate land treatment has been adopted, and the first section, consisting of tank, one of three proposed filters and humus tank, is completed.

Boney Hay.—An extension of the area of land available for irrigation has been made by arrangement with a neighbouring farmer, who has allowed some of his land which has a light sand and gravel subsoil to be used. This is so porous that it absorbs all the effluent for more than half the year.

Burntwood.—The sewer has been extended to complete the scheme as originally designed, but which was held up owing to the war, and connections have been made. Considerable work has also been carried out at the works, such as buttressing the filter walls and in improving the tanks.

Whittington.—A new works on the artificial filtration system for the treatment of the sewage of this village has been constructed in substitution for inadequate land treatment.

TAMWORTH U.D. AND R.D.—The joint outfall works for Tamworth Borough and part of the Tamworth Rural District, situated both in Staffordshire and Warwickshire, cannot be considered satisfactory. All the sewage is pumped and treated in tanks, filters and on land. The land is seriously overworked, and this is being aggravated by the distributors being in disrepair and becoming stationary—a bad effluent resulting. These works are under special observation.

WOLVERHAMPTON COUNTY BOROUGH.—A Ministry of Health Inquiry has been held annually at Wolverhampton during the five years under review. This was to consider applications of the Corporation for the renewal of their certificate under the Wolverhampton Corporation Act, 1891, the certificate being to the effect that they were using the best or only practical means under the circumstances for rendering harmless the effluent from the sewage works and sewage lands flowing into the Pendeford Brook or its tributaries, which form the upper reaches of the River Penk. The application was opposed on behalf of the County Council and the Riparian owners, with the result that the certificate was granted on each occasion for twelve months only, pending the extensions or remodelling of their works. During this period a pumping station has been provided, and a further 90 acres of land are available for irrigation. Two new storm tanks have been constructed, which discharge their effluent into the Staffordshire and Worcestershire Canal. Work is in progress on the construction of an activated sludge plant which, when completed, will replace land irrigation. A sewer has been laid to relieve the existing system at one part of the town to prevent the storm overflows operating during the maximum flow and polluting the Smestow Brook, a tributary of the River Stour.

RIVER TAME.

OLDBURY U.D. (WORCESTERSHIRE).—A recorder has been installed at the sewage works, from which it appears that the average dry weather flow is approximately 1,750,000 gallons a day. The works were designed for 900,000 gallons per 24 hours, consequently about half the volume goes direct into the River Tame. A trade waste, estimated at approximately 130,000 gallons daily, which was previously a serious source of pollution and difficult of treatment at the works, is now filtered through three refuse tips before

discharged into the sewers, and this has had a very satisfactory result. Experiments have been undertaken, in order to find the best method of dealing with this sewage. When the Authority has satisfied themselves as to this, a scheme for a new works will be prepared. Alternately, as in the case of West Bromwich, consideration is being given to the laying of a trunk sewer to connect to the Birmingham works.

TIPTON U.D.—Sewering of the district is practically completed, and some 1,700 houses are connected. At the sewage works a new compression plant has been provided and new sludge lagoons formed.

A private firm in this area have put down tanks to treat their waste so that it can be received into the public sewer with satisfactory results.

COSELEY U.D.—The sewerage of this district is making satisfactory progress, and a new works for the treatment of the sewage by artificial filtration is nearing completion.

SEDGLEY U.D.—The sewerage of the major portion of the district in the Tame Watershed is completed, and connections to the houses are now taking place. Two new works for the treatment of the sewage by artificial filtration have been completed. (This district will be referred to again in the paragraph on the Stour Watershed.)

BILSTON U.D.—These works have been extended to include the provision of detritus tanks and two storm tanks. The contact beds previously used for storm water are now available for the treatment of tank effluent of the night flow, thus increasing the filter area and resulting in a better effluent being discharged into the river.

DARLASTON U.D.—New works for the treatment of the sewage of the district by artificial filtration have been constructed, and the serious pollution previously occurring is now abated.

WILLENHALL U.D.—A short length of sewer has been laid and connections made which has abated a direct pollution to the river.

WEDNESFIELD U.D.—A scheme has been prepared to treat the sewage of this district by artificial filtration in substitution for inadequate land treatment. The Surveyor informs me that the scheme is under consideration by the Ministry of Health.

SHORT HEATH U.D.—The populous part of this area is now sewered, and, with the exception of 40 houses, all have been connected. It will not be possible to connect all the latter, as many of them are not within the sewered area.

TIVIDALE.—These works, which were laid down by the Upper Stour Valley Main Sewerage Board to treat the sewage from a portion of the Dudley County Borough and the Rowley Regis Urban District, have been extended by the construction of additional tanks, filters and humus tanks, a very much better effluent resulting.

WALSALL COUNTY BOROUGH.—These works have been extended by the provision of four new filters 160 feet in diameter each, and new humus tanks.

WEDNESBURY M.B.—These works have been extended by the provision of four new filters each 107 feet 6 inches in diameter. The sewers have been extended in the populous part of the district, and will enable the remaining houses unconnected to the sewer to be linked up with the main sewerage system.

WEST BROMWICH COUNTY BOROUGH.—A sewer has been laid to convey the sewage from the high level to the low level works, with a view of treating the whole of the sewage at one works, but it has not as yet been connected to either. A scheme is under consideration to extend the low level works and treat the whole of the sewage by artificial filtration. Alternately, consideration is being given to the laying of a new trunk sewer to convey the sewage to be treated at the Birmingham works. In the meantime serious pollution is occurring.

BROWNHILLS U.D.—A sewer has been laid for the new housing scheme, and 250 houses have been connected. A new pumping station has also been provided.

RIVER SEVERN WATERSHED.

SEISDON R.D.

Upper Penn.—At Fenn Common a new works has been constructed to treat the sewage by artificial filtration from an isolated population, estimated at 210, which could not be connected to the main outfall works.

Merry Hill.—The works here for Upper Penn proper are being extended to include the provision of two tanks, three filters and two humus tanks. This has become necessary owing to the rapid development in this area.

Wrottesley.—A new distributor has been fitted to the filter at the Autherley Lane Works.

Kinver.—Previously a large volume of sub-soil water gained access to the sewers and works, interfering with their efficient working. This has now been largely excluded, and the works are more efficient. New distributors have been fitted to the filters.

SEDGLEY U.D.—The sewerage of the Lower Gornal area of this district is well advanced, and the construction of new works for the treatment of sewage by artificial filtration is in progress.

DUDLEY COUNTY BOROUGH, WORCESTERSHIRE.—During the period under review, as a result of mining subsidences, on three occasions at Pedmore Road the sewer was fractured and, for varying periods, the sewage from a population of approximately 5,000 polluted the Black Brook, a tributary of the River Stour. The Dudley County Borough Authorities twice relaid the sewers temporarily in stoneware pipes. On the third occasion the sewer was in the area of the Upper Stour Valley Main Sewerage Board, and this was relaid with cast-iron pipes on piers on the side of the road.

At Dudley Wood Road, in the Mushroom Green area of the Borough, the culvert under the railway, through which the Mousesweet Brook flows, has become partly blocked. In consequence a considerable area is flooded, and, as the brook is polluted higher up, a serious nuisance results after the water subsides, especially in hot weather. The Surveyor of the Dudley County Borough is in communication with the Agent for the Earl of Dudley, with a view to having the culvert cleared.

KINGSWINFORD R.D. (BROCKMOOR).—The houses at Brockmoor, where direct pollution to the Stourbridge Canal took place, have been redrained, the sewer extended and the houses connected.

QUARRY BANK U.D.—Direct pollution takes place to the River Stour from the Stour Hill and Brook Street area in this district. A scheme has been prepared and is under consideration.

UPPER STOUR VALLEY MAIN SEWAGE BOARD.

Owing to mining subsidences, the Board's trunk sewer between New Street, Quarry Bank and the storage reservoirs near Dudley Wood Road, Cradley Heath, sank also, the carrying capacity, therefore, being considerably reduced owing to incrustation. It has been raised 4ft. 6in., to its original level, and efforts are being made to cleanse it.

At Fox Oak, Cradley Heath, the Board's sewer was seriously damaged, and was directly polluting the Mouse-sweet Brook. This sewer has been entirely relaid, larger pipes being substituted for those which were taken out.

In addition to the above, pollution occurs on the Board's system, both in Worcestershire and Staffordshire, owing to the sewers being overloaded and the storm water overflow coming into operation during dry weather.

A comprehensive scheme has been prepared by the Engineer to the Board to duplicate the system and provide works for the treatment of approximately 8,000,000 gallons dry weather flow. A Ministry of Health Inquiry has been held and, after some amendment, the Ministry approved of the scheme and sanctioned the loan of £47,000 to carry it out. The Board have not as yet considered the scheme, and in any case it will be some considerable time before the work is completed which, it is hoped, will remedy the defects above mentioned.

Housing.

As the Ministry of Health have asked all District Councils to furnish them with full details of the various housing activities in the Annual Reports of the Medical Officers of Health, it is unnecessary for me to also publish these. On

referring to those Annual Reports on the districts for 1925 that have been received, one is struck by the fact that the number of new houses built during the last five years has only been sufficient to deal with the natural increase of population. In report after report, I find Medical Officers refer to the difficulty of dealing with overcrowding and the long list of applicants for new houses. This, I think, should be widely known, because there appears to be a tendency to assume that the national housing shortage has been met. That this is not so is only too true, but at the same time one must remember that the last two Housing Acts are of such recent date that the effect they might have had on the housing shortage cannot be estimated in this Survey Report, and we shall have to wait for the next one five years hence. When that time comes, the Bill that the Minister of Health is piloting through Parliament for the improvement of rural housing accommodation will, I hope, also have borne fruit, for it is only too true that a farm labourer is unable to pay the economic rent demanded for a new house built at the present time. The Bill allows assistance from Public Funds towards structural alteration, repair, addition, provision of water supply or sanitary conveniences, or other like works, but not for solely of works of ordinary repair or upkeep. The making of grants will be subject to the conditions that the dwelling shall not be occupied except by a person, whether as owner or tenant, whose income in the opinion of the local authority is such that he would not ordinarily pay a rent in excess of that paid by agricultural workers in the district.

Inspection and Supervision of Food.

(a) MILK SUPPLY.—The Inspectors appointed under the Sale of Food and Drugs Acts took 811 samples of milk for chemical analysis, of which 56 proved to be adulterated. The action taken with regard to the latter is summarised in the tabular statement setting forth the work under the Food and Drugs Acts during the year.

The Chief Inspector informs me that in several cases recently, samples of milk proved to be below the standard of butter fat, and by appeal to the cow it was shown that no adulteration had taken place. The reasons advanced for this unsatisfactory result were that the hours between the times of milking were not equal, and that the food supply did not allow of the animal yielding the usual amount of fat. These results appear to be confined to the summer months, and it is suggested that a more liberal allowance

of oil cake is necessary to supplement the food obtained by grazing. Unhappily, the procedure of appealing to the cow in a prosecution if deficiency of fat has taken place, whilst it protects the farmer, allows him to sell milk which the consumer thinks is of a satisfactory quality, which, in fact, is not so, and it would appear that some amendment in the law is required which will prevent milk being sold that is not up to the standard of quality the public have a right to expect.

The Milk and Dairies Consolidation Act, 1915, which was postponed by the war, came into operation in September, 1925. The important regulations under Section I. of the Act have just been issued by the Ministry of Health, and are to be enforced from October, 1926. Under Section IV. of the Act, the Medical Officer of Health of any district, who suspects the presence of tubercle in milk produced in the Administrative County, can officially draw the attention of the County Medical Officer to this matter. On such a representation being received, a veterinary inspection of the herd is made by a veterinary surgeon, who in this county is also the officer appointed under the Diseases of Animals Act. No whole-time veterinary officers as yet have been appointed by the County Council. If as the result of the inspection tuberculosis is diagnosed clinically, or as a result of the bacteriological examination of samples of milk taken by the veterinary surgeon, action is taken by the Agricultural Committee under the Tuberculosis Order.

In 1925 six representations were made by the Medical Officer of Health of the London County Council, and in each case tuberculosis was found, and the animal slaughtered under the Tuberculosis Order. One representation was also made by the Medical Officer of Health of Stoke County Borough, in which a negative result was obtained.

At the end of 1925 four licences for the production of Grade A milk were in force, one having been renewed from the previous year and three being granted during the year.

Periodical samples of Grade A milk have been submitted for bacteriological examination, and in the case of one producer so much variation in the counts was obtained that a special investigation was made, and it was discovered that he had neglected to efficiently sterilise the bottles in which

the milk was sold. The method he had adopted was to content himself with scalding them only, in place of putting them in the steriliser which was used regularly for the rest of his apparatus, because he found that the thick glass of the bottles would not stand the sudden increase in temperature, and therefore cracked. He accordingly is arranging to have a special steriliser for bottles in which the temperature can be more gradually raised.

(b) The work under the Food and Drugs Acts is summarised in the following Table, in which is shown the number of samples taken and any action that may have appeared necessary :—

	No of Samples Submitted.	Number Genuine.	Number Adulterated	Cautions.	PROSECUTIONS.			
					Instituted.	Sustained.	Withdrawn.	Dismissed.
Beef Suet	2	2	..	..	..	..	..	..
Butter	84	84	..	..	..	..	..	..
Cheese	1	1	..	..	..	..	..	..
Cheese (Cheshire) ...	1	1	..	..	..	..	..	..
Chocolate	1	1	..	..	..	..	..	..
Coffee	20	20	..	..	..	..	..	..
Cream of Tartar ...	1	1	..	..	..	..	..	..
Cream	1	1	..	..	..	..	..	..
Cream (Preserved) ..	4	3	1	1	..	..	..	..
Flour (Self Raising) ..	18	18	..	..	..	..	..	..
Ginger (Ground) ..	8	8	..	..	..	..	..	..
Jam	1	1	..	..	..	..	..	..
Lard	43	43	..	..	..	..	..	..
Margarine	4	4	..	..	..	..	..	..
Milk	811	755	56*	6	28	28	..	..
Milk Grade A	4	4	..	..	..	..	..	..
Milk (Separated) ..	1	1	..	..	..	..	..	..
Milk (Skim)	1	..	1	..	1	1	..	..
Mince Meat	2	2	..	..	..	..	..	..
Peas.. .. .	1	1	..	..	..	..	..	..
Pepper	19	19	..	..	..	..	..	..
Rice (Ground)	10	10	..	1	..	..	..	..
Rum and Coffee	1	1	..	..	..	..	..	..
Sponge Cake	5	4	1	1	..	..	..	..
Semolina	1	1	..	..	..	..	..	..
Tartaric Acid	1	1	..	..	..	..	..	..
Tapioca	3	3	..	..	..	..	..	..
Vinegar	3	3	..	..	..	..	..	..
Totals	1052	993	59	8	29	29	...	...

* No direct action was taken on Milks deficient in fat and solids not fat as follows:—

- 4 unofficial samples.
- 2 duplicate samples.
- 6 taken direct from cows.
- 6 attributed to natural causes.
- 4 traced direct to wholesale dealer.

The action taken under the Milk and Cream Regulations, 1912 and 1917, is shown in the following Table :—

1. MILK AND CREAM NOT SOLD AS PRESERVED CREAM.

	(a) Number of samples examined for the presence of a Pre- servative.	(b) Number in which Pre- servatives was re- ported to be present, and Percentage of Preservative found in each sample.
Milk	787	0
Cream	1	0

2. CREAM SOLD AS PRESERVED CREAM.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct :—

(i.) Correct statements made	3
(ii.) Statements incorrect	1
Total	4

(iii.) Percentage of preservative found in each sample :—
0.30, 0.49, 0.40, 0.31.

(b) Determinations made of milk fat in cream sold as preserved cream.

(i.) Above 35 per cent.	4
(ii.) Below 35 per cent.	0
Total	4

Prevalence of, and Control over, Infectious Diseases.

SMALL-POX.—As will be seen from the Table, 18 cases of small-pox have been notified since 1921, one of which died :—

Year.	Cases Notified.	Number of Deaths.
1921	1	1
1922	9	...
1923	7	...
1924	1	...
1925 ... ..	...	...
	18	1

In view of the comparatively mild nature of the type of small-pox that has occurred in this country during recent years, I think it is a matter of congratulation that the number of cases has been so small, in view of the fact that such a large proportion of the population are not protected by vaccination. The neighbouring Counties have not been so fortunate, and there is little doubt that the mild nature of the disease has resulted in many cases not being recognised, and consequently it has spread. Fortunately, the active measures taken by the Local Authorities in those districts in this County where the disease broke out proved effective. Arrangements have been made by all the Sanitary Districts of the County for the isolation of cases, if they should occur, in hospital, and the one district which in the 1924 Report was stated to have made no provision I am now informed have arrangements with a neighbouring Authority for taking their cases. The majority of the District Councils are constituent members of the North or South Staffordshire Joint Small-Pox Hospital Districts. Seven, however, have their own hospital for the treatment of small-pox, four of which have fairly satisfactory provision; but in three this cannot reasonably be claimed. As experience shows that in this country there is often a long period of years in which no case of small-pox occurs at all, it necessarily means that the maintenance of small hospitals is comparatively costly and, therefore, it would seem worth while for all District Councils to become constituent members of one or other of the Joint Small-Pox Hospital Districts, for in view of the facilities for transport by motor ambulance, there should never be any difficulty in moving a patient a comparatively long distance to one of the Joint Small-Pox Hospitals. When these small hospitals were erected, this was not the case, but under the changed conditions I would urge those seven Sanitary Authorities who have made their own provision to review the matter in this light.

The present arrangements for the isolation of small-pox cases are as follows. The classification of hospitals in this Table is similar to that contained in the Table of general infectious diseases' hospital provision, which is set out in detail in the next section of the Report.

SMALL-POX.

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Class I.	Population	Class II.	Population	Class III.	Population	Arrangements with other Authorities	Population
North Staffs. Joint Small-pox Hospital Bagnall—	149,844	Seisdon (R.)	...	Lichfield (U.)	...	Blore Heath	2474
Audley	Mayfield (R.)	3918
Biddulph	...	Stone (U.)	...	Lichfield (R.)	...	Perry Bar	3152
Kidsgrove
Leek (U.)	...	Stone (R.)	...	Brierley Hill	...	Walsall (R.)	13,800
Leek (R.)
Newcastle (U.)	...	Wednesbury	...	...	...	...	...
Newcastle (R.)
Wolstanton
Cheadle (R.)
South Staffs. Joint Small-pox Hospital Moxley—	426,788	...	...	...	...	...	...
Amblecote
Bilston
Brownhills
Cannock (U.)
Cannock (R.)
Coseley
Darlaston
Gnosall (R.)
Heath Town
Kingswinford (R.)
Quarry Bank
Rowley Regis
Rugeley
Sedgley
Stafford (U.)
Stafford (R.)
Short Heath
Tamworth (U.)
Tamworth (R.)
Tettenhall
Tipton
Tubbury (R.)
Uttoxeter (U.)
Uttoxeter (R.)
Wednesfield
Willenhall
	576,632 80 %	...	68,439 9.5 %	...	52,877 7.3 %	...	23,344 3.9 %

The Registrar-General's estimate of the population in the Administrative County to the middle of 1925 is 722,000. The hospital provision tabulated above represents a population of 721,292; the population of Dudley Castle Hill (23) and the Parishes of Blymhill and Wcston-under-Lizard (658), which are administered by the Shifnal R.D.C. (Shropshire), being excluded.

SCARLET FEVER.—1,219 notifications in urban districts and 586 in rural districts were received during the year, and there were 22 deaths in urban districts and nine in rural districts from this disease. The death-rate in both urban and rural districts is the same, namely, 0.04 per 1,000 of the population. The incidence of disease in each Sanitary District will be found in the Tables at the end of the Report.

The mild nature of the present form of scarlet fever to some extent accounts for the number of notifications, for there is little doubt that many cases are missed and, therefore, convey the disease to those unprotected by a previous attack. In the following Table, the notifications and deaths during the last five years are shown, in which it will be noted that there is little difference in the fatality between urban and rural districts of the County :—

Year.	URBAN.			RURAL.		
	Notifications	No. of Deaths.	Rate per 1,000.	Notifications	No. of Deaths.	Rate per 1,000.
1921 ...	1,158	15	0.03	628	6	0.03
1922 ...	1,399	18	0.03	464	1	.000
1923 ...	1,446	20	0.04	434	3	0.01
1924 ...	1,180	16	0.03	611	4	0.02
1925 ...	1,219	22	0.04	586	9	0.04

DIPHTHERIA.—953 notifications, 634 being in urban and 319 in rural districts, were received during 1925 ; 70 deaths were recorded, 43 of which occurred in urban districts and 27 in rural districts. The death-rate in urban districts, per 1,000 of the population, was 0.08, whilst in the rural districts it was 0.12. The notifications, deaths and the rates per 1,000 of the population for the last five years are shown in the following Table, from which it will be seen that diphtheria at the present time is a more serious and fatal disease than scarlet fever. At the same time many mild cases occur which give rise to so few symptoms that the disease is liable to be overlooked, and thus they spread the disease, as do the so-called carrier cases in which the patients themselves show no symptoms at all of bad health. Fortunately, modern bacteriological methods are of great assistance in the diagnosis of diphtheria, and full advantage is taken of

such methods by the medical practitioners and the School Medical Service. As to the actual treatment of cases, the Sanitary Authorities of the County all arrange for the free supply of anti-toxin, which is such a valuable method in controlling the course of the disease. Particulars of the incidence and death-rates in each Sanitary District will be found in the Tables at the end of the Report.

Year.	URBAN.			RURAL.		
	Notifications	No. of Deaths.	Rate per 1,000.	Notifications	No. of Deaths.	Rate per 1,000.
1921 ...	459	32	0.06	249	23	0.10
1922 ...	439	35	0.07	145	19	0.09
1923 ...	333	27	0.05	135	9	0.04
1924 ...	721	31	0.06	344	7	0.03
1925 ...	631	43	0.08	319	27	0.12

ENTERIC FEVER.—12 cases of enteric fever were notified in 1925, 10 in urban districts and two in rural districts, resulting in three deaths which occurred in the urban districts. The notifications, deaths and rates per 1,000 of the population during the last five years are as follows :—

Year.	URBAN.			RURAL.		
	Notifications	No. of Deaths.	Rate per 1,000.	Notifications	No. of Deaths.	Rate per 1,000.
1921 ...	31	4	0.00	31	5	0.02
1922 ...	18	2	0.00	17	2	0.01
1923 ...	31	6	0.01	58	4	0.02
1924 ...	28	4	0.00	5	1	0.00
1925 ...	10	3	0.00	2	Nil	0.00

Particulars as to incidence and death-rates in each Sanitary District will be found in the Tables at the end of the Report.

ENCEPHALITIS LETHARGICA.—45 cases of this disease, resulting in 26 deaths, were recorded in 1925. The Sanitary Districts in which these deaths occurred will be found in the Tables at the end of the Report. The notifications from 1921 to 1924 are 28, 6, 13, 88, respectively. This is a disease that has become prominent in recent years, and is of importance because of the physical and mental disabilities that so often result in cases that do not end fatally, for which so far no adequate means of alleviation have been provided; this is a problem which Sanitary Authorities will have to interest themselves in in the future.

With reference to the non-notifiable infectious diseases, the deaths from measles, whooping cough, diarrhoea and enteritis are as follows:—

MEASLES.—The number of deaths with the death-rate per 1,000 of the population in the urban and rural districts from this disease since 1921 are:—

MEASLES.		1921.	1922.	1923.	1924.	1925.
Urban	No. of Deaths ..	59	23	218	38	126
	Rate per 1,000 ..	0.11	0.04	0.43	0.07	0.24
Rural	No. of Deaths ..	16	2	48	7	45
	Rate per 1,000 ..	0.07	0.01	0.23	0.03	0.21

This disease is difficult to control owing to the fact that, for some days before the characteristic eruption appears, the child, who is thought to have merely a bad cold, is in a highly-infectious condition, and thus the disease spreads with great rapidity to those unprotected by a previous attack. The chief danger of measles is the liability of the development of pneumonia later in the course of the disease, and most of the deaths that result arise from this complication. For this reason it has been advocated that treatment in hospital should be provided so that patients can have skilled nursing and attendance. To carry out this proposal would involve such an enlargement of the isolation hospital provision that it has not been attempted throughout the country generally, and it must be admitted from the point of view of limiting the spread of the disease that such a measure would not be successful, though clearly from the point of view of the sufferers themselves it is most desirable, especially as it is known that in many instances those who recover remain for a long time in a debilitated condition and may become victims of tuberculosis.

WHOOPING COUGH.—The deaths, together with the death-rate per 1,000 of the population in the urban and rural districts from this disease, since 1921 are :—

WHOOPING COUGH.		1921.	1922.	1923.	1924	1925.
Urban	No. of Deaths ..	38	145	46	45	127
	Rate per 1,000 ..	0.07	0.29	0.09	0.09	0.25
Rural	No. of Deaths ..	15	47	21	15	36
	Rate per 1,000 ..	0.07	0.22	0.09	0.07	0.17

Infants are particularly prone to whooping cough, which remains infectious throughout its course, so that it rapidly spreads to those unprotected from a previous attack. The violence of the paroxysms of the cough result in much debility in those afflicted, and often make them a ready prey to the development of tuberculosis in the tedious convalescent period. Pneumonia, as in the preceding disease, is a frequent complication, and is chiefly responsible for those deaths that occur.

DIARRHŒA AND ENTERITIS—In the following table the deaths from diarrhœa and enteritis under two years are shown, and the death-rate calculated on the basis of per 1,000 births since 1921. This method of showing the mortality from this disease was introduced by the Registrar-General nine years ago in place of taking the total number of deaths from diarrhœa and calculating the rate on a population basis, for it is only amongst infants that these deaths are significant from a health point of view. The rates for individual areas in 1925 are set forth in the detailed tables at the end of this Report.

DIARRHŒA &c. (under 2 years)	1921	1922	1923	1924	1925
Urban ...	18.6	8.5	10.1	7.1	11.8
Rural ...	9.0	5.7	5.9	5.2	8.4
England & Wales	19.3	7.6	9.9	7.3	8.4

INFLUENZA.—The number of deaths, with the rate per 1,000 of the population in the urban and rural districts, since 1921 is as follows :—

Year.	URBAN.		RURAL.	
	No. of Deaths.	Rate per 1,000.	No. of Deaths.	Rate per 1,000.
1921 ...	158	0.31	49	0.22
1922 ...	316	0.63	119	0.56
1923 ...	119	0.24	47	0.22
1924 ...	303	0.59	124	0.59
1925 ...	228	0.44	97	0.45

The Sanitary Districts in which the deaths occurred during 1925 are shown in the Tables at the end of the Report.

The numbers of Cases of Notifiable Infectious Diseases, with the deaths, in the Administrative County during 1925 are as follows :—

Diseases.	Notifications.		Deaths.	
	Urban.	Rural.	Urban.	Rural.
Small-pox ... ..	...	...	...	...
Scarlet Fever	1,219	586	22	9
Diphtheria	634	319	43	27
Enteric Fever	10	2	3	...
Puerperal Fever	24	19	8	7
Erysipelas	226	70	...	...
Cerebro-Spinal Fever ... ..	...	2	...	...
Poliomyelitis	9	4	...	...
Pneumonia	1,007	179	673	136
Encephalitis Lethargica	35	10	17	9
Dysentery	2	9	...	...

The isolation hospital provision for general infectious cases in the County may be divided into five classes :—

Class I.—Districts in which the isolation hospital provision is, either with or without slight alterations or additions, sufficiently satisfactory.

Class II.—Districts in which the isolation hospital provision is only fairly satisfactory.

Class III.—Districts where more or less inadequate provision has been made, which cannot be considered satisfactory.

Class IV.—Districts without hospitals having more or less adequate arrangements with other Authorities for the reception of their cases.

Class V.—Districts where no provision has been made.

In the following Table the districts, with the populations, under the above classification are set out :—

GENERAL INFECTIOUS CASES.

General Infectious Cases.

Class I.	Popu- lation.	Class II.	Popu- lation.	Class III.	Popu- lation.	Arrangements with other Authorities, IV.	Popu- lation.	No Provision, V.	Popu- lation.
Biddulph (Congleton) ...	8,459	Kingswinford (R.) ...	22,730	Bilston ...	30,240	Amblecote ...	3,239	Brownhills ...	20,310
Bradwell—	...	Leek (R.) ...	14,610	Brierley Hill ...	13,110	Cannock (U.) ...	35,460	Rugeley ...	5,197
Audley ...	15,220	...	...	...	...	Coseley ...	25,690	Short Heath ...	4,818
Kidsgrave ...	10,350	...	...	Darlaston ...	19,180	...	...	...	...
Wolstanton ...	30,170	...	...	Heath Town ...	14,220	Gnosall (R.) ...	4,718	Willenhall ...	21,520
...	...	...	...	...	...	...	...	Wednesfield ...	8,110
Cannock (R.) ...	23,210	...	...	Lichfield (U.) ...	8,387	Mayfield (R.) ...	3,918	Walsall (R.) ...	13,800
...
Cheadle (R.) ...	26,430	...	...	Lichfield (R.) ...	31,380	Perry Barr ...	3,152	...	...
...
Leek (U.) ...	16,860	...	...	Seisdon (R.) ...	17,690	Quarry Bank ...	8,631	...	...
...
Newcastle (U.) ...	21,530	...	...	Tipton ...	36,900	Rowley Regis ...	42,760	...	...
...
Newcastle (R.) ...	6,215	...	...	Blore Heath (R.) ...	2,474	Sedgley ...	19,320	...	...
Stafford (U.) ...	29,030	...	...	...	...	...	...	...	...
...	...	...	...	...	...	Tettenhall... ..	5,460	...	...
Stafford (R.) ...	9,201	...	...	...	...	Tatbury (R.) ...	8,983	...	...
...
Stone (U.) ...	5,649	...	...	...	...	Uttoxeter (U.) ..	5,541	...	...
...
Stone (R.) ...	12,140	...	...	...	...	Uttoxeter (R.) ..	8,220	...	...
Tamworth (U.) ...	8,227	...	...	...	...	...	...	...	...
...	...	...	...	...	...	Wednesbury ...	32,960	...	...
Tamworth (R.) ...	5,873	...	...	...	...	...	...	...	...
...
...	1228,564	...	37,340	...	179,041	...	202,592	...	73,755
...	31.6 %	...	5.1 %	...	25 %	...	28.1 %	...	10.2 %

The Registrar-General's estimate of the population in the Administrative County to the middle of 1925 is 722,000. The hospital provision tabulated above represents a population of 721,292; the population of Dudley Castle Hill (23), and the Parishes of Blymhill and Weston-under-Lizard (685), which are administered by the Shifnal R.D.C. (Shropshire), being excluded.

It will be noticed that at the present time 10.2 per cent. of the total population live in areas where no provision has yet been made. The matter has been considered from time to time by those areas, but the high cost of building has deterred the authorities from erecting a hospital.

It will be observed that 25 per cent. of the population are served by hospitals of the Class III. type, and all that can be said in favour of such hospitals is that they are better than no provision at all.

It must be admitted that, speaking generally, the isolation hospital provision for roughly 35 per cent. of the population is unsatisfactory. A special report on this subject was made in 1914, but no further action was possible owing to the war, and since the war the high cost of building has prevented the matter being taken up systematically, but in a few instances the districts have made some additions and improvements to existing hospitals.

Tuberculosis.

1. Incidence of and mortality from tuberculosis.

Owing to the action of the Public Health (Tuberculosis) Regulations, 1924, arrangements have been made whereby the Medical Officers of Health have been able to obtain much fuller knowledge of the incidence of tuberculosis in their districts, and from the information they have supplied to me I find there were 4,626 cases of all forms of the disease in the County at the end of the year. This number is made up as follows :—

TOTAL CASES.	PULMONARY.			NON-PULMONARY.		
	M.	F.	Total.	M.	F.	Total.
4626	1933	1514	3447	696	483	1179

This indicates that there is one case of tuberculosis in every 156 persons, or just over 6 per 1,000 of the population, and on reference to the mortality Tables which follow it will be found that approximately one death occurs amongst seven cases in the year.

In 1925, 530 persons died from pulmonary tuberculosis, giving a death-rate of 0.73 per 1,000 of the population, whilst 143 deaths from other forms of tuberculosis yielded a death-rate of 0.20.

The ages at death, divided into sexes, are shown in the following Table :—

Table showing primary cases of Tuberculosis and deaths from the disease classified according to ages and sex.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0.....	2	..	7	2	2	—	10	5
1.....	11	16	48	34	6	5	34	29
5.....	44	35	53	44	} 3	13	15	12
10.....	39	53	32	29				
15.....	47	58	19	11	} 49	78	8	4
20.....	53	76	5	7				
25.....	91	99	9	11	} 113	122	9	10
35.....	86	56	2	3				
45.....	58	20	2	3	} 84	39	3	4
55.....	26	11	4	1				
65 & upwards	8	8	—	—	10	6	—	—
Totals	465	441	181	145	267	263	79	64

On reference to the Table at the end of the Report, the death-rates for each Sanitary District during 1925 will be found.

The following show the number of notifications received since 1913 :—

1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
1722	1399	1233	1048	873	856	699	642	929	971	1029	974	1232

An account of the treatment afforded for tuberculosis will be found in the Annual Report of the Joint Committee of the County Council, Wolverhampton and Dudley County Boroughs.

2. Notifications.

In 1925, 1,232 cases of tuberculosis were notified to Medical Officers of Health, of which 906 were pulmonary cases and 326 non-pulmonary forms of the disease. On comparing these numbers with previous years, an increase is apparent. This, I consider, is due to the operation of the Public Health (Tuberculosis) Regulations of 1924 already referred to, and not to any increase in the incidence of the disease.

County Bacteriological Laboratory.

The County Council from October, 1898, to July, 1922, arranged that specimens of pathological material from infectious cases collected by medical practitioners should be examined in the Pathological Department of Birmingham University. On reference to the Table, the number and character of the specimens thus sent are shown. In 1922 the County Council decided to undertake the examination of all specimens having a public health bearing at the Laboratory established at the Wolverhampton General Hospital in connection with the Venereal Diseases' Clinic. It was anticipated that after the war there would be an increased demand for laboratory investigations, and the correctness of this view will be seen on reference to the Tables. This increase is largely due to the greater realisation of the utility of these investigations for purposes of diagnosis, and also to their extended use; for instance, specimens are now more frequently taken from infectious cases before they are discharged from hospital, to ensure that they are free from infection. In addition, many new lines of investigation have come into more general use, such as the typing of certain organisms, the virulence test in diphtheria carriers, and the absorption test in typhoid investigations. The introduction from time to time of new Statutory Rules and Orders has led to an increase in the number of milk samples submitted.

Co-operation has been established between the laboratory and the School Medical Service, and carriers of infectious disease are frequently traced in school children, and the diagnosis of ringworm is facilitated.

A certain amount of work is also done in conjunction with the Agricultural Committee in an effort to obtain a cleaner milk supply.

The aid of the laboratory is often sought by the various Sanitary Authorities in the County in connection with water supplies, meat and other foods.

Under this scheme the Bacteriologist is brought in contact daily with the medical practitioners of the County, for he communicates by telephone with those who have sent in specimens if the examination shows a positive result, and by the co-operation that has resulted in this way there is little doubt that practitioners to an increasing extent rely on the most modern methods available as an aid to diagnosis. But, further, they also, by using such methods, are valuable workers in the progress of preventive medicine a matter that fortunately the public are beginning to recognise as one of primary importance, and which until comparatively recently was not linked up with curative medicine in any way. There is little doubt that by practitioners realising the practical advantages that result from modern bacteriological methods, a very great advance has been made in preventive medicine which is slowly but surely altering the whole outlook on the value of public health measures.

Reference has already been made to the co-operation that exists with the School Medical Service and with the Sanitary Authorities, who now fully realise the assistance it can give them in their work. The laboratory being part of the Public Health Department, I am kept in daily touch with the work undertaken, and thus it forms a valuable channel through which I am acquainted with the various activities of a public health nature that are being undertaken throughout the County, which are not directly controlled by the Public Health Committee of the County Council.

		Diphtheria.	Tubercle.	Enteric Fever.	Cerebro-Spinal Fluid and Swabs	Ring-worm.	Malaria.	Dysentery.	Other Examinations
Commencement of Scheme, Oct. 20, 1898, to June 30, 1899 ...		212	...	...	...	...	...	...	...
From July 1, 1899, to June 30, 1900...		378	...	...	...	...	...	...	...
From Jan., 1900, to June 30, 1900...		...	23	9	...	...	...	...	...
From July 1, 1900 to June 30, 1901		730	100	74	...	...	...	...	...
"	" 1901 " " 1902	571	92	61	...	...	...	...	...
"	" 1902 " " 1903	668	122	49	...	...	...	...	...
"	" 1903 " " 1904	507	148	41	...	...	...	...	...
"	" 1904 " " 1905	747	136	32	...	...	...	...	...
"	" 1905 " " 1906	755	159	51	...	...	...	...	...
"	" 1906 " " 1907	1485	202	63	7	...	...	...	...
<i>a</i>	" 1907 " " 1908	1603	150	39	...	...	...	...	...
"	" 1908 " " 1909	970	203	150	...	...	...	...	...
"	" 1909 " " 1910	1255	249	69	...	...	...	...	...
<i>b</i>	" 1910 " " 1911	1961	252	85	...	...	...	...	...
<i>c</i>	" 1911 " " 1912	1346	266	217 ^d	...	...	...	...	...
"	" 1912 " " 1913	724	533	45	...	...	...	...	...
"	" 1913 " " 1914	1698	638	55	12	...	...	...	...
"	" 1914 " " 1915	1689	520	73	...	...	...	...	...
"	" 1915 " " 1916	1071	430	42	32	...	...	...	...
"	" 1916 " " 1917	1162	541	43	31	...	...	...	...
"	" 1917 " " 1918	1426	763	31	48	...	...	...	...
"	" 1918 " " 1919	797	825	27	46	...	...	...	1
"	" 1919 " " 1920	2656	1106	361 ^e	12	...	...	...	8
"	" 1920 " Dec. 31, 1920	1539	388	27	2	...	...	...	2
<i>f</i>	" Jan. 1st " " 1921	2509	631	112	6	...	2	...	76
"	" " " 1922	1643	681	23	4	30	6	4	21
"	" " " 1923	2080	885	198	27	218	11	...	19
"	" " " 1924	7281	1006	74	11	262	10	1	97
"	" " " 1925	5875	1488	45	14	501	31	4	340
Totals from commencement of Scheme to Dec. 31st, 1925 ...		45338	12537	2096	252	1011	60	9	564

a From this year onwards, excluding Smethwick, now a County Borough.

b Excluding five Pottery Towns which with Hanley, now constitutes the County Borough of Stoke-on-Trent.

c Handsworth added to Birmingham C. B., November 9, 1911.

d Including 109 Special Blood Examinations from Cheddleton Mental Hospital.

e Including 336 blood against B. typh, and A. and B. para-typh. from Cheddleton Mental Hospital.

f Portion of Administrative County transferred to Stoke-on-Trent County Borough as from 1st April, 1922.

Venereal Diseases.

The County Council's scheme for the treatment of venereal diseases adopted in March, 1918, had for its object the free treatment of persons suffering from these diseases at centres situated conveniently near their homes. In addition, arrangements were approved for facilitating the diagnosis of these diseases by the establishment of a pathological laboratory at the Wolverhampton General Hospital. The general practitioners practising in the County were thus enabled to send material there for examination. In addition, provision was made for the supply of salvarsan substitutes free of charge to the medical practitioners in the County who had had special experience in the treatment of syphilis.

Clinics for the treatment of venereal diseases were established at hospitals in the County and the neighbouring County Boroughs by agreement, the details of which are as follows.

1.—NORTH STAFFORDSHIRE ROYAL INFIRMARY.

A clinic has been established at this Institution under an agreement made by the County Council and the City of Stoke-on-Trent. The staff is appointed by the hospital. Two sessions are held weekly for men, and two sessions weekly for women, as follows :—Males : Monday, 4 to 6 p.m. ; Friday, 5 to 7 p.m. Females : Wednesday, 5 to 7 p.m. ; Saturday, 12 noon to 2 p.m.

2.—LICHFIELD VICTORIA COTTAGE HOSPITAL.

A clinic has been established at the Victoria Cottage Hospital by agreement with the County Council. The staff are appointed by the hospital, with the approval of the County Council. The work is under the supervision of Dr. Menton, the Venereal Diseases' Clinical Officer. The clinic is open one day a week for men and one day a week for women, as follows :—Males : Tuesday, 7 to 9 p.m. ; Females : Friday, 7 to 9 p.m. In addition, there are two evenings a week for intermediate treatment for men and two for women, on Monday, Wednesday, Thursday and Saturday evenings.

3.—WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.

A clinic has been established at the Wolverhampton and Staffordshire General Hospital by an agreement made by the County Councils of Staffordshire and Shropshire, and the County Borough of Wolverhampton. The staff is appointed by the hospital. There are sessions daily for males (except Sunday) from 9-30 a.m. to 1 p.m.; also Tuesday and Friday, 5 to 8 p.m.; and Saturday, 2 to 4 p.m. Sessions for females and children are held daily (except Sunday) from 9-30 a.m. to 1 p.m.; also Tuesday, 2 to 4 p.m., and Thursday, 5-30 to 7 p.m. Intermediate treatment for both men and women is undertaken daily, except Sundays, from 9 a.m. to 1 p.m., and 4 p.m. to 8 p.m.

4.—WALSALL GENERAL HOSPITAL.

This clinic is at the Walsall General Hospital, and has been established by agreement made by the County Council and Walsall County Borough and the Hospital Authorities. The staff is appointed by the Hospital. There are three sessions weekly for men, and one for women, as follows:—Males: Tuesday and Friday, 7-30 to 9 p.m.; Wednesday, 4 p.m. Females: Thursday, 4 to 5-30 p.m.; whilst intermediate treatment for men is undertaken daily, from 9 a.m. to 1 p.m. and 4 p.m. to 6 p.m.

5.—DUDLEY GUEST HOSPITAL.

The clinic at the Guest Hospital, Dudley, has been established there by the County Borough of Dudley. By agreement with the County Council, Dr. Menton, the County Council's clinical Venereal Disease Officer, is in charge of the clinic. There are two sessions for males weekly, and one for females, as follows:—Males: Tuesday and Friday, 7 p.m.; Females: Wednesday, 3 p.m.; whilst intermediate treatment is available daily (except Sundays) for men, and daily for females by arrangement.

6.—CORBETT HOSPITAL, STOURBRIDGE.

A clinic has been established at the Corbett Hospital, Stourbridge, by agreement made by the County Council. The staff is appointed by the Hospital, and the clinic is

supervised by the clinical Venereal Disease Officer of the County Council. There is one session weekly for men, and one weekly for women, as follows:—Males: Thursday, 7 p.m.; Females, Monday, 7 p.m.; whilst intermediate treatment is afforded daily (except Sundays) for men, and by arrangement for females.

In addition to the above clinics, a special hostel has been established at Cleveland House, Wolverhampton, by the Lichfield Diocesan Association, for the reception of women and girls suffering from venereal diseases. Cases from Staffordshire are taken at this home at an agreed payment of 35/- per week up to the date of the birth of the child, and 40/- a week afterwards.

In the original scheme, a clinic was started at Tamworth Cottage Hospital; but experience showed that the patients from there could be adequately dealt with at the Lichfield Clinic, and therefore it was closed. Originally it was proposed to establish a clinic at the Stafford Infirmary, and negotiations were almost completed, when, owing to financial stringency, the matter had to be deferred. The need for this clinic still exists, and when opportunity offers, the question will be brought forward again. With this exception, the clinics provided adequately cover the area.

I am glad to be able to say that the co-operation of the medical profession has for the most part been obtained.

Facilities for treatment under this scheme are brought to the notice of the public through the medium of the medical officers of health, medical practitioners, and by notices in public lavatories. Experience shows that patients avail themselves readily of the information afforded.

With regard to the facilities available for irrigation in cases of gonorrhoea, it will be seen from the list of clinics that such facilities have been provided in all but one clinic. The need for adequate arrangements for this treatment are fully appreciated by the County Clinical Officer, at whose instance suitable arrangements have been made at the Lichfield and Corbett Hospitals. At the present time, steps have been taken to develop this form of treatment for women at the Dudley clinic, at which a large proportion of the cases come from Staffordshire.

When the clinics were first opened, medical practitioners practising in the area were all informed when they would be open, and the steps that should be taken to get their patients treated at them. The Clinical Officer, as County Bacteriologist, is in daily touch with the practitioners of the County, who also meet him at Medical Societies, and frequently ask his advice as to the treatment available for venereal diseases, and obtain his assistance in such cases that they are treating themselves.

In the following table the numbers treated during the year are set forth, which include cases from the County who attend clinics outside the area :—

STAFFORDSHIRE CASES TREATED FOR VENEREAL DISEASES
DURING THE YEAR 1925.

Clinic	Syphilis	Soft Chancre	Gonorrhœa	Non-Venereal	Total	Attendances
Birmingham General Hospital	18	—	17	11	46	1124
Burton-on Trent... ..	2	—	2	3	7	44
Derby	3	—	4	2	9	203
Dreadnought Hospital Green- wich	2	—	—	—	2	25
Dudley Guest Hospital ..	54	1	43	38	136	4201
Kidderminster	—	—	—	—	—	—
Lichfield	8	—	11	7	26	761
Stoke-on-Trent	68	4	51	16	139	1842
Stourbridge (Corbett Hospital)	13	—	14	12	39	1936
Walsall	14	—	13	12	39	1385
Wolverhampton General Hospital	103	—	91	95	289	6388
TOTALS	285	5	246	196	732	17909

Thirty-four medical practitioners have been authorised to receive free supplies of salvarsan or its substitutes for the cases of syphilis in their practice ; though to what extent they avail themselves of the opportunity afforded them I have no knowledge, for no record has been kept.

Comparing the numbers treated in 1921 with those during 1925, I find that there has been a slight reduction in the total cases and an increase in the attendances, which is all to the good, because there is a tendency of patients to discontinue treatment as soon as the symptoms of the disease have abated, but before a cure has been effected, and it would therefore appear that the educational efforts of the medical officers in charge of the clinics have been more successful in inducing patients to continue their attendance.

In 1921 there were 349 cases of syphilis, whilst in 1925 the number is 285. The cases of gonorrhoea have been reduced from 307 in 1921 to 246 in 1925. The cases proved to be non-venereal have increased from 136 in 1921 to 196 in 1925. The total attendances in 1921 were 11,497 as against 17,909 in 1925.

It will be seen that in the Table several clinics are mentioned which have not been previously referred to because they are outside the area of the Administrative County, but they are included in the Table because patients domiciled within the Administrative County went there for treatment.

Medical practitioners in the County sent 758 specimens for examination at the County Laboratory under the Venereal Diseases Scheme in 1921, and this number increased to 1,366 in 1925, which, I think, is a matter for congratulation, for it shows that the facilities afforded by the County Council are appreciated by the practitioners who to an increasing extent are availing themselves of the more recent methods in use as an aid to diagnosis. The total number of specimens sent annually during the last five years is as follows :—

<i>Year.</i>	<i>Pathological examinations for private practitioners.</i>				
1921	758
1922	715
1923	873
1924	982
1925	1,366

The following table shows the number of examinations of specimens made at the County Laboratory during each quarter of the year :—

EXAMINATIONS OF PATHOLOGICAL SPECIMENS MADE AT THE
COUNTY LABORATORY UNDER THE VENEREAL DISEASES
SCHEME DURING THE YEAR 1925.

	For Detection of		For Wassermann Reaction.	Other Examinations.	Total.
	Spirochetes	Gonococci			
1st Quarter	...	124	371	31	526
2nd Quarter	3	155	463	41	662
3rd Quarter	...	148	558	51	757
4th Quarter	3	167	557	58	785
TOTAL ..	6	594	1949	181	2730

In addition to above 769 sigma tests were made during the and 16 bottles of vaccines for outside authorities.

Maternity and Child Welfare.

1.—THE PROVISION AND INSPECTION OF MIDWIVES.—

In the following account under the above heading of the work undertaken, that under the Midwives' Acts, 1902 and 1918, relates to the whole Administrative County, whereas the Health Visiting work comprises only a portion of it in which there is a population of 301,482 out of a total estimated population to the middle of 1925 in the Administrative County of 722,000.

286 minwives notified their intention to practise during the year. Of these 247 are trained and 39 are *bona-fide* midwives. The *bona-fide* midwives have decreased by nine since last year, and the trained midwives have increased by 22, the total number of midwives being 14 more than last year. In addition to these, 84 midwives residing in County Boroughs and adjoining Counties have also notified their intention to practise within the Administrative County.

The ages of midwives who were practising in the Administrative County in the ten years 1916—1925 are indicated in groups in the following table:—

YEAR.	21 to 45			45 to 65			65 and upwards			Totals.		
	North	Central	South	North	Central	South	North	Central	South	North	Central	South
1916 ...	37	...	66	74	...	66	33	...	39	144	...	171
1917 ...	37	...	59	75	...	59	34	...	33	146	...	151
1918 ...	38	...	58	72	...	52	35	...	38	145	...	148
1919 ...	30	31	40	46	43	24	26	27	21	102	101	85
1920 ...	50	50	61	36	20	22	19	24	15	105	94	98
1921 ...	58	52	60	28	22	23	21	21	16	107	95	99
1922 ...	51	64	68	21	21	21	14	16	14	86	101	103
1923 ...	55	59	66	21	27	18	14	16	11	90	102	95
1924 ...	50	56	62	22	26	19	14	11	12	86	93	93
1925 ...	54	64	63	27	24	23	13	8	10	94	96	96

As regards the number of cases attended by midwives during 1925 in the three areas respectively, the figures are as follows:—

	No. of Midwives.	Births attended	Total Births.	Percentage attended by Midwives.	Mean number of cases attended per Midwife.
North ...	94	2241	3410	65.7	23.8
Central ...	96	3078	4304	71.5	32.0
South ...	96	6461	7527	85.8	67.3

The total number of cases attended by midwives only in the Administrative County during 1925 was 11,780, the total number of births registered being 15,241. It thus appears that midwives attended 77.3 per cent. of the total births in the County, the percentage for the previous year being 71.2.

In compliance with the rules of the Central Midwives' Board, 2,480 notifications have been received from certified midwives.

The following figures show the number of notifications under four headings received during the past five years, together with the number of births attended by midwives :—

	1921	1922	1923	1924	1925
Number of Births attended by Midwives	12800	13033	11637	11382	11780
Sending for medical help	1948	1992	1894	2083	2219
Still Births	244	245	230	211	190
Death of Mother	4	1	5	4	11
Death of Child	39	29	20	61	60

The following figures show the causes which occasioned the sending for medical help :—

Causes of sending for Medical aid.	Northern District.	Central District.	Southern District.	Total.
PREGNANCY :				
Abortion	20	24	19	63
Threatened abortion	12	10	6	28
Puffiness of face and hands	7	1	3	11
Premature birth	8	18	3	29
Fainting	—	—	1	1
Varicose veins	6	3	5	14
Fits	1	—	—	1
Vaginal discharge	—	2	4	6
Unsatisfactory condition	3	1	3	7
Excessive sickness	1	—	4	5
Loss of blood	1	4	2	7
History of previous still-births and abortions	—	1	21	22
Odema of legs	3	3	3	9
Albuminuria	—	2	11	13
Sore of genitals	1	1	4	6
	63	70	89	222
LABOUR :				
Abnormal presentation	29	29	82	140
Delayed or difficult	86	185	276	547
Placenta prævia	1	6	8	15
Hæmorrhage ante	16	18	25	59
Ditto post	13	20	26	59
Eclampsia	1	2	5	8
Prolapse of cord	8	7	6	21
Lacerated perinæum	74	118	187	379
Retained placenta and membranes	22	26	30	78
Unsatisfactory condition	14	8	6	28
Inertia	12	33	3	48
Contracted pelvis	7	3	4	14
Purulent discharge	—	—	3	3
Cough	2	—	—	2
Albuminuria	—	1	—	1
	285	456	661	1402

Causes of sending for medical aid.	Northern District.	Central District.	Southern District.	Total.
LYING-IN :				
High temperature	16	18	46	80
Inflamed and painful leg ...	2	7	7	16
Convulsions	1	1	3	5
Unsatisfactory condition ...	5	9	6	20
Offensive lochia	1	—	2	3
Unusual swelling of breasts ..	—	—	3	3
Abdominal swelling and tenderness	2	2	3	7
	27	37	70	134
CHILD :				
Deformities	15	10	19	44
Convulsions	2	—	4	6
Inflamed & discharging eyes	36	22	80	138
Feebleness and prematurity ..	41	47	93	181
Unsatisfactory condition ...	4	19	4	27
Rash	5	2	7	14
Pemphigus	4	—	2	6
Spina Bifida	4	1	7	12
Hare lip and cleft palate ...	1	1	7	9
Club foot	1	—	3	4
Serious skin eruption	—	—	9	9
Triplets	—	1	1	2
Injuries during birth	—	3	6	9
	113	106	242	461
Grand Total	488	669	1062	2219

In the following Table, in which the County is divided into three districts, the numbers of Midwives practising with the notifications received from them, together with the visits, interviews and inquiries of the Inspectors of Midwives, are shown :—

VISITS OF INSPECTORS, NOTIFICATIONS, INQUIRIES, &C., DURING THE YEAR 1925.

District.	Mean No. of Midwives, 1925			Visits.	Interviews.	Notifications.										Inquiries.							
	No. on List.	Trained.	Un-trained.			Medical Assistance.	Inflamma-tion of Eyes.	Still Births.	Deaths		Puerperal Fever.	Laying out the dead.	Contact with infection.	Artificial Feeding.	Medical Assistance.	Inflamma-tion of Eyes.	Still Births.	Deaths		Puerperal Fever.	Laying out the dead.	Contact with infection.	Artificial Feeding.
									Mother.	Child.								Mother.	Child.				
North ..	91	79	15	414	333	488	36	43	4	17	14	11	16	29	7	60	14	2	5	11	3	17	..
Central ..	96	83	13	376	342	669	22	49	7	30	13	7	32	34	2	39	16	3	1	12	2	30	..
South ..	96	85	11	477	457	1062	80	98	..	13	13	2	18	24	117	118	53	..	9	11	2	18	..
Totals ..	286	247	39	1267	1132	2219	138	190	11	60	40	20	66	87	126	217	83	5	15	34	7	65	..

In addition to the routine inquiries conducted by the Midwives' Inspectors, 13 irregularities were specially investigated. Of these, five were reported to the Local Supervising Authority, three were dealt with by letters of caution by the County Medical Officer, four cases were verbally cautioned by the Midwives' Inspectors at the time of their inquiries, whilst in the remaining case the particulars were forwarded to the Local Supervising Authority of a neighbouring County Borough, where the midwife resided.

With regard to the five cases dealt with by the Local Supervising Authority, three were censured, one was cautioned, and it was directed that the midwife should be interviewed by the Inspector with the view to inducing her to voluntarily resign her certificate; this was done, and her name removed from the Roll. As to the case reported to the Central Midwives' Board, the Board resolved that the charges alleged were not found to be proved, and decided to take no further action in the matter.

Since the Act came into operation, the names of 111 midwives have been removed from the Roll as a result of action taken by the Local Supervising Authority.

During the year the deaths of four midwives have been reported to the Local Supervising Authority.

In the following table particulars as regards equipment, &c., of certificated midwives are set forth :—

PARTICULARS AS TO EQUIPMENT AND EFFICIENCY OF
MIDWIVES VISITED.

District.	Requirements			No. reasonably clean as to		No. who can—			General Efficiency
	Bags Equipped		Case Books and Forms			Read Ther- mometer	Read and write	Pass Catheter	
	Fully	Partially		Person	Home				
North ..	78	8	86	77	82	81	82	76	77
Central	82	14	96	96	96	96	93	84	84
South ..	81	12	93	93	93	91	88	81	84
Totals ..	241	34	275	266	271	263	263	241	245

The provision of an efficient midwifery service has engaged the attention of the Public Health Committee during the last 20 years. In 1905 there were 438 bona-fide midwives and only 18 trained midwives practising in the Administrative County, which then had a population of 875,949. At this time only 4 per cent. of the midwives were trained.

At the end of 1925 there were 39 bona-fide midwives and 247 trained midwives practising in the Administrative County, which had a population estimated to the middle of the year of 722,000; 86 per cent. of the midwives were trained. It will naturally be expected that with the advent of the trained midwife a much better standard of midwifery practice has resulted, and this is borne out in the maternal mortality rates, which show the number of deaths of women from conditions associated with childbirth per 1,000 births. In 1905 the rate was 4.9, whilst in 1925 it was 3.1 per 1,000 births.

In 1918 the powers of the County Council with regard to the provisions of midwives were increased. Previously they had been able to assist voluntary bodies in training midwives to serve local nursing associations who had started in various parts of the County largely through the activities of the County Nursing Association, which itself commenced work in 1907, but in several parts of the County the midwifery provision was by no means adequate. The scheme adopted in 1918 allowed for:—

1. Subsidies to local nursing associations.
2. Subsidies to trained midwives to be placed in districts.
3. Subsidies to trained midwives already in practice.
4. Training in place of subsidy.

The effect of this policy has been to stimulate the formation of local nursing associations in the rural areas, and since that date 23 have been formed.

At the end of 1925 there were 63 local nursing associations affiliated to the County Nursing Association which undertake midwifery, and eight non-affiliated associations undertaking the same service. In recent years several of these local nursing associations have had difficulty in paying their

way, and have applied to the County Council for a subsidy. During the year eight of such associations were subsidised to the extent of £225 3s. 7d. To provide for the staffing of the affiliated Nursing Associations, the County Council have arranged with the County Nursing Association to train a sufficient number of pupils each year, and on an average 11 have been so trained annually.

In the more populous areas, where the midwifery provision was inadequate, the usual plan has been to either train a midwife and place her in a district, or to offer a trained midwife a subsidy which would guarantee her an income up to £120 a year. Since 1918 the County Council have trained 11 independent midwives, and have subsidised 20 independent midwives. Experience has shown that by the latter method most midwives have developed sufficient practice to be self-supporting in three years, though such a result naturally cannot be expected in the more sparsely-populated areas which have no nursing association, but require a trained midwife. At the end of 1925 there were eight midwives receiving a subsidy.

In November of this year, the County Council started a post-certificate course of training at the Tipton Training Home for the practising midwives. This course lasts for a fortnight, and under the scheme each practising midwife will be able to attend the Training Home once in four years, and will therefore be given an opportunity of keeping in touch with modern methods throughout her career. The fortnight's course costs four guineas, £2 of such amount being defrayed by the Ministry of Health, and the remainder by the County Council, which includes the cost of maintenance at the Home. The midwife has to make her own arrangements for the conduct of her practice in her absence, and pay her expenses to and from the Training Home.

At the present time there is an adequate midwifery service in most parts of the Administrative County, but in certain sparsely-populated rural areas, especially in the north of the County, the midwifery provision is not sufficient. In these districts the County Nursing Association have been endeavouring for some time to establish nursing associations, but owing to financial stringency have so far been unsuccessful.

Under the Rules of the Central Midwives' Board, a midwife has to send for medical help if any abnormality occurs, and in the Midwives' Act, 1918, provision is made for the payment of the doctor called in in this way, the fees allowed being according to a scale issued by the Ministry of Health.

During the financial year ending March 1926, 2,228 notifications of sending for medical help were received, and out of this number medical practitioners claimed their fees from the County Council in 780 cases, that is, 35% of the possible claims.

The fees paid by the County Council in this year amounted to £1,100 15s., and during the same period £366 9s. 9d. was recovered from the patients, the cost of collection being £150.

No alteration has taken place in the income scale, which was drawn up for the guidance of the Collector when making application for the recovery of the fees, which is as follows :—

- (i.) Where the net weekly income of the family after deducting 3s. 6d. for each child under 14 years of age does not exceed 30s., the County Council shall not claim repayment of the medical practitioner's fee.
- (ii.) Where the net weekly income of the family, calculated as above, is over 30s. but does not exceed 45s., the County Council shall claim repayment of one-half of such fee.
- (iii.) Where the net weekly income of the family, calculated as above, exceeds 45s., the repayment of the whole of such fee shall be claimed.

Owing to the varying charges made for mileage by the medical practitioners, an arrangement has been made with the Local Branch of the British Medical Association for a uniform mileage fee of 1s. 6d. per mile one way only after two miles from the doctor's residence.

2.—WORK UNDER THE HEALTH VISITING SCHEME. As already mentioned, the County Health Visiting Area serves a population of 301,482, which includes 15 urban districts, 14 rural districts, and two parishes comprising part of a rural district in Shropshire. Since April of this year, the Kingswinford Rural District has been added to the area.

The Scheme finally approved by the Committee provided for the development of combined school clinics and infant welfare centres in the more populous parts of the area, the appointment of health visitors to undertake the health visiting of children under school age and of school age, together with the health visiting of persons suffering from tuberculosis.

(i.) *Combined Clinics.*

The progress of the scheme will be seen from the fact that in January, 1921, there were 12 clinics, whilst in December, 1925, 27 had been established as follows :—

Aldridge	...	...	Church Room.
Audley	...	...	Primitive Methodist Schools.
Biddulph	...	...	Church Hall.
Brockmoor	...	...	St. John's School.
Brownhills	...	...	Mount Zion Primitive Methodist Schools.
Cheadle	...	...	Charles Street Wesleyan School.
Hamstead	...	...	Church Institute.
Harriseahead	...	...	Wesleyan Sunday School.
Heath Town	...	...	Dean Street Wesleyan Schools.
Kidsgrove	...	...	Town Hall.
Kinswinford	...	...	Wesleyan Methodist School, Moss Grove.
Lichfield	...	...	Mill House, City Station Road.
Lower Gornal	...	...	Memorial Hall.
Moseley Village	...	...	United Methodist Chapel, Chapel Street, Willenhall Road.
Norton Canes	...	...	Craddock Memorial Schools.
Pelsall	...	...	Wesleyan Central Hall.
Pensnett	...	...	St. James' United Methodist School.
Quarry Bank	...	...	Primitive Methodist School, New Road.
Sedgley	...	...	Bleak House.
Short Heath	...	...	Church Institute.

Talke	...	...	...	New Road Wesleyan School.
Tamworth	...	...	...	Wesleyan Schools, Victoria Road.
Uttoxeter	...	...	...	Congregational Sunday School, Carter Street.
Walsall Wood	...	...	...	Primitive Methodist School, Lich- field Road.
Wednesfield	...	...	...	Church Institute.
Willenhall	...	...	...	Nurses' Home, Walsall Road.
Wordsley	...	...	...	Primitive Methodist School.

At Rugeley the children from the urban district attend, by arrangement, the centre held there by the Lichfield Rural District Council, whilst, in addition, there are voluntary centres at the following places:—

Mayfield,
Rocester,
Tutbury.

The County Council centres, as will be seen from the list, are all in temporary premises, except at Sedgley, and are held in church rooms or Sunday schools; that at Lichfield is in a house leased by the Committee, and used as a Tuberculosis Dispensary as well as a combined clinic. The accommodation provided at each centre consists of a larger room used as a waiting-room and two small rooms, one for weighing the children and the other for the use of the doctor.

The Centres are open weekly. In the morning they are used as school clinics, and in the afternoon as infant welfare centres. They are in charge of one of the School Medical Inspectors of the Education Committee with the assistance of the whole-time health visitor of the area. At Willenhall, owing to the large numbers that attended, it was found necessary to arrange for two sessions weekly.

At each Centre we receive invaluable help from a band of voluntary workers, who assist the Health Visitor in keeping the records, weighing the children, undressing and dressing them, besides providing tea for the mothers.

The work of these Centres is primarily educational, and ordinary cases requiring treatment are sent to the family doctor, but eye cases are now dealt with by the County Oculist, and in necessitous cases the Committee pay for spectacles, if required. Cases of crippling deformities, whether tuberculous or non-tuberculous, receive treatment at special hospitals.

In the Table at the end of the Report will be found details of the work of the centres. In 1925 :—

565 attendances were made by expectant mothers, compared with 513 in 1924.

17,445 children under one year, as against 15,171 ; and 14,471 children between one and five years, compared with 12,856.

I should like to see a much larger attendance of expectant mothers at these Centres, and of children between the ages of one to five. For some time we have concentrated on the children under one year of age with most beneficial results. The time has now arrived when more attention should be paid to the classes I have indicated. Arrangements have been made with the midwives in practice for bringing expectant mothers to the centres, and it is hoped that by their influence any prejudice that may exist towards this part of our work will be overcome.

(ii.) *Health Visitors.*

It has already been mentioned that under the Health Visiting Scheme, the Health Visitors, in addition to undertaking the health visiting of children under five years of age, are responsible for the school nursing work and the health visiting of tuberculous persons. The staff is composed of 34 whole-time health visitors who serve an estimated population of 219,812. These health visitors are appointed for the more thickly-populated portions of the areas of the Health Visiting Committee, and each serves a population of between 4,000 and 6,000. In the rural districts there are 43 part-time health visitors serving a population of 81,670. These are district nurses employed by local district nursing associations.

On appointment each health visitor, whether a whole-time or a part-time officer, is attached to the health visitors for the Sedgley area for one month, so that she becomes familiar with the methods in use in this County. During the winter months, a course of lectures is given on various subjects connected with the health visitor's work ; these have been found to be especially valuable to the part-time district nurses who, living as they do in comparatively-isolated rural areas, have few opportunities of discussing their work with their colleagues.

The visits paid by the health visitors during the year were as follows :—

To expectant mothers ... (1) First Visits, 2,052.

(2) Total visits, 5,589.

To infants under 1 year .. (1) First visits, 5,505.

(2) Total visits, 50,754.

To children 1 to 5 years... Total Visits, 69,958.

At the present time the County Council have not established any maternity homes, but they have arrangements with the Mrs. Legge Memorial Home, Wolverhampton, for dealing with prospective unmarried mothers, who are received at the Home for their confinements and remain there for six months. The County Council contribute 40/- per patient per week for six weeks, the cost for the remainder of the period being defrayed from philanthropic sources. By this means six cases were dealt with in 1925.

3.—MATERNAL MORTALITY.—In the accompanying Table the maternal mortality for the last ten years is shown. This is a death-rate of mothers per 1,000 births from conditions arising directly in connection with childbirth. It will be observed that the maternal mortality rate has fluctuated from year to year, though on the whole the tendency is for it to gradually decline. Whilst the numbers given in this Table show the actual number of deaths, they do not indicate in any way the amount of disability and often permanent injury to health that results from conditions associated with child-birth. They do, however, indicate the necessity for taking every possible step to provide a high standard of midwifery practice. This matter has engaged the attention of the Public Health Committee for many years, and reference has already been made to the steps that have been taken

and the results so far obtained in reducing the maternal mortality in the previous section of the Report.

Year.	Births.	Deaths from		Maternal Mortality per 1,000 births.
		Puerperal Fever.	Other Diseases and Accidents of Parturition.	
1916	16,611	16	55	4.2
1917	15,010	15	36	3.4
1918	15,339	16	27	2.8
1919	15,101	27	40	4.4
1920	20,116	26	63	4.4
1921	18,848	24	44	3.6
1922	16,394	21	42	3.8
1923	15,342	20	40	3.9
1924	15,546	15	28	2.7
1925	15,241	15	32	3.1
Mean for 10 years	16,354	19.5	40.7	3.8

With regard to the deaths of mothers from other diseases and accidents of parturition ; in 1925, 11 deaths were reported by midwives as having occurred in their practice. Of this number, the causes of death were as follows :—

Phthisis	...	...	...	...	1
Heart Disease	...	...	...	...	1
Eclampsia	...	...	...	...	3
Embolism	...	...	...	...	2
Post Partum Haemorrhage	...	...	...	...	1
Adherent Placenta and Shock	...	...	...	...	1

Two deaths occurred during the puerperium ascribed to influenza, bronchitis and pneumonia. It will be seen, therefore, that the actual number of deaths due to diseases and accidents of parturition are seven. The question naturally arises how far ought these to have been prevented. Unfortunately the tendency of women is not to make

arrangements with a midwife for their confinement until a very late period in pregnancy ; very often they come only a fortnight before labour, and, indeed, in some instances, midwives are not called until labour has commenced. Valuable opportunity is therefore lost of ante-natal care. I have already referred in another part of the Report to the development of ante-natal work at the Centres, in which we are obtaining the assistance of the practising midwife. At the post-certificate training course of the latter, the necessary emphasis is made of the importance of this work, and I have no doubt that in time this educational effect will bear fruit, though of necessity in a matter such as this we cannot expect to get immediate results. With regard to the death from post partum haemorrhage, I find that the midwife was not called until after the birth of the child, and before she could obtain medical assistance the patient had died. The death reported as due to adherent placenta and shock occurred suddenly in the presence of a medical man who was summoned to the case. The two cases of embolism were apparently uncomplicated cases who were doing quite well, and their deaths from this cause could not have been foreseen. The three deaths from eclampsia unfortunately do not come under such a category, and if the patients' condition had been discovered earlier, as would have occurred if they had seen the midwife in the first months of their pregnancy, it is quite possible that adequate steps could have been taken to prevent the disaster that occurred.

4.—STILL-BIRTHS.—190 still-births were reported by the midwives, associated with the following conditions :—

Ante Partum Haemorrhage ...	...	13
Albuminuria ...	...	2
Cord, prolapse ...	...	10
Cord, round neck ...	...	10
Deformities ...	...	12
Difficult Labour ...	...	6
Ill Nourished ...	...	2
Fall and Shock ...	...	24
Malpresentation ...	...	16
Maceration ...	...	62
Premature ...	...	14
Placenta Praevia ...	...	2
Spina Bifida ...	...	1
Unsatisfactory Condition of Mother...		16

In every instance in which the still-birth could be ascribed to an unsatisfactory condition of the mother, she was urged to obtain medical advice and treatment.

5.—INFANT DEATHS. Sixty deaths of infants during the first 10 days were reported by the midwives as occurring in their practice. The classification of the cause of death of the child is as follows :—

Congenital Heart	...	...	...	8
Feebleness and Prematurity			...	37
Deformities	...	...	...	3
Convulsions	...	...	...	4
Asphixiated	...	...	...	3
Inattention at Birth	...	...	...	3
Over-Laying	...	...	...	2

6.—PUERPERAL FEVER.—The incidence of puerperal fever during the last five years has remained substantially the same, as will be seen in the following Table :—

<i>Year.</i>					<i>No. of cases.</i>
1921	...	...	...	...	40
1922	...	...	...	...	43
1923	...	...	...	...	37
1924	...	...	...	...	42
1925	...	...	...	...	43

When a case of puerperal fever is notified, the medical man in charge of the case is as a routine invited to give his opinion as to the cause of the condition, if the case occurred in the practice of a midwife. Inquiries are also made by the Midwives' Inspectors in cases in which this appears to be necessary. During 1925, 34 inquiries were made by them, and the results obtained fall into the following groups :—

Undetected Retained Membranes	...	1
Contact of Midwife with Septic Case		1
Complicated Labour dealt with by doctors	...	26
Unsatisfactory Environment	...	3
Previous Disease of the Mother	...	3

7.—OPHTHALMIA NEONATORUM. The cases of Ophthalmia Neonatorum notified during the last five years by midwives, with the result of the case, is shown in the following Table :—

	CASES.			Vision un-impaired	Vision impaired	Total Blindness.	Deaths.
	Notified	Treated.					
		At Home	In Hospital				
1921	96	81	15	91	2	...	3
1922	112	96	16	106	2	...	4
1923	78	64	14	75	2	...	1
1924	109	89	20	107	1	...	1
1925	138	96	*42	135	1	...	1

* One case removed from district ; result not known.

It will be noted that the largest number of cases notified by the midwives was in 1925. I find, however, that during this period the notifications by Medical Officers of Health of Ophthalmia Neonatorum amounted to 104, the reason for this discrepancy being that the midwives are fully aware of the great danger to sight that results from neglect of eye cases, and consequently notify to the Local Supervising Authority every case that appears at all suspicious to them. Each case is investigated immediately the notification is received, and arrangements are made for the health visitor of the district to carry out the treatment under the supervision of the family doctor, if the latter is not of the opinion that hospital treatment is required.

8.—OTHER INFECTIOUS DISEASES. We have no information of the actual number of cases of measles, whooping cough and epidemic diarrhoea, but the deaths that result from these diseases are included in the section on vital statistics.

Thirteen cases of poliomyelitis occurred in the Administrative County during 1925. The numbers during the last five years are as follows :—

<i>Year.</i>					<i>No of cases.</i>
1921	...	...	...	...	9
1922	...	...	...	...	4
1923	...	...	...	...	6
1924	...	...	...	...	14
1925	...	...	...	...	13

Those cases that occur in the County Health Visiting Area that come to notice are afforded treatment at the special Orthopaedic Hospitals and After-Care Centres in the County or the immediate neighbourhood.

We have no information as to the incidence of other infectious diseases in parturient women, infants and young children, as they have not been specially sub-divided in this way in the notifications from the District Medical Officers of Health.

W. D. CARRUTHERS,
County Medical Officer of Health.

Stafford,
August, 1926.

TABLES

Table showing Population, Number of Persons per Acre, Birth and Death-rates, as well as the Death-rates at all ages and among Children under 1 year, and the Death-rates from Zymotic Diseases, Tuberculosis. Diseases of the Respiratory Organs, &c.

URBAN.

District	Population at all ages		Numbers of Persons per acre	Birth-rate per 1000 of population	General mortality per 1000 of population	Standardized Death Rate	Mortality in children under one year per 1000 registered births	Zymotic mortality						Tuberculosis of Respiratory System	Other Tuberculous Diseases	Cancer, Malignant Disease	Bronchitis	Pneumonia (all forms)	Other Respiratory Diseases	Cirrhosis of Liver	Acute and Chronic Nephritis	Congenital Debility and Malformation; Premature Birth
	Census 1921	Estimated to middle of 1925						Per 1000 of population														
								Enteric Fever	Smallpox	Measles	Scarlet Fever	Whooping Cough	Diphtheria									
Amblecote	3,182	3,239	4.8	14.2	10.5	...	43	...	...	...	...	...	0.31	...	1.54	1.23	1.23	...	...	...	0.31	0.31
Audley	14,738	15,220	1.8	19.9	12.1	11.8	76	...	...	0.39	0.13	0.13	0.13	3.3	0.65	0.85	0.85	0.72	0.13	...	0.46	0.52
Biddulph	7,931	8,459	1.5	24.2	12.0	...	83	...	...	0.12	...	0.12	...	...	0.82	0.91	0.71	2.60	0.23	...	...	0.47
Balston	27,556	30,240	16.2	26.0	16.3	16.8	118	...	...	0.63	...	0.33	0.16	17.8	0.82	1.22	1.72	2.74	0.13	0.06	0.39	0.99
Brierley Hill	12,479	13,110	12.9	19.9	9.5	9.4	61	...	...	0.07	...	0.15	...	...	0.84	1.60	0.61	0.38	0.15	...	0.61	0.84
Brownhills	18,248	20,310	3.2	21.4	10.1	10.1	66	...	...	0.24	...	0.29	...	4.6	0.29	0.93	1.28	0.93	0.10	0.05	0.19	0.54
Cannock	32,322	35,460	4.4	23.2	10.2	10.0	84	...	...	0.17	0.03	0.11	0.25	4.8	0.70	0.62	0.70	0.87	0.17	0.03	0.14	1.04
Coseley	24,213	25,690	6.8	23.0	12.6	12.7	94	...	...	0.11	0.04	0.39	0.04	21.9	0.62	1.10	1.48	2.37	0.35	...	0.04	0.46
Darlaston	18,208	19,180	21.0	24.0	13.8	14.4	110	...	...	0.26	...	0.57	...	17.3	0.94	0.88	1.25	1.87	0.26	...	0.05	0.94
Heath Town	13,082	14,220	16.0	19.2	11.9	12.0	102	...	...	0.14	...	0.35	...	3.6	0.63	1.05	1.05	1.19	0.07	...	0.28	0.98
Kidsgrove	9,488	10,350	3.5	26.6	13.4	...	97	...	...	0.09	0.19	0.19	0.19	14.5	0.77	0.96	0.58	1.25	0.38	...	0.19	0.87
Leek	17,214	16,860	11.5	18.4	15.5	14.8	106	...	...	0.06	...	0.06	...	6.4	1.01	1.84	0.77	0.77	0.29	0.12	0.12	1.12
Lichfield	8,393	8,387	2.4	18.0	11.7	...	59	...	...	0.12	...	...	...	6.6	0.83	1.67	0.35	0.35	0.24	0.12	0.47	0.35
Newcastle	20,410	21,530	23.8	23.2	13.5	13.0	84	...	...	0.32	0.09	0.51	0.18	16.0	0.88	1.25	1.10	1.39	0.23	0.04	0.28	0.51
Perry Barr	2,700	3,152	0.7	24.1	8.5	...	52	...	...	...	...	...	...	13.1	0.31	1.58	1.26	0.95	...	...	...	0.31
Quarry Bank	7,824	8,631	12.9	19.5	9.5	...	77	...	...	0.34	...	...	...	17.7	0.69	1.39	1.39	0.69	0.11	0.23	0.11	0.34

Deaths occurring during the year 1925, classified according to Diseases and Localities, together with Births occurring during the year.

URBAN.

DISTRICT.	Births	Deaths from all causes.	Deaths under 1 year	Enteric Fever	Smallpox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Encephalitis	Meningococcal Meningitis	Tuberculosis of Respiratory System	Other Tuberculous Diseases	Cancer, Malignant Disease	Rheumatic Fever	Diabetes	Cerebral Hæmorrhage, &c.	Heart Disease	Arterio-Sclerosis	Bronchitis	Pneumonia (all forms)	Other Respiratory Diseases	Ulcer of Stomach or Duodenum	Diarrhoea, &c., (under 2 years)	Appendicitis and Typhlitis	Cirrhosis of Liver	Acute and Chronic Nephritis	Puerperal Sepsis	Other Accidents and Diseases of Pregnancy and Parturition	Congenital Debility and Malformation, Premature Birth	Suicide	Other Deaths from Violence	Other Defined Diseases	Diseases ill-defined or unknown	
Ambicote . . .	46	34	2	1	1	5	1	4	7	1	4	4	4	4	1	1	1	1	1	1	1	5	..
Audley	303	185	23	6	2	2	2	13	10	2	13	1	10	23	8	13	11	2	2	7	1	1	1	1	7	1	8	4	10	35	..	
Biddulph . .	205	102	17	1	..	1	..	3	7	5	8	1	6	11	..	6	22	2	2	2	4	..	2	19	..	
Bilston	786	495	93	..	..	19	..	10	5	14	..	..	25	3	37	1	32	32	5	52	83	4	2	14	3	2	12	3	30	2	13	92	..
Brierley Hill.	261	125	16	..	..	1	..	2	..	3	1	..	11	2	21	..	6	11	3	8	5	2	2	8	..	..	..	..	11	1	7	20	..
Brownhills . .	435	206	29	..	..	5	..	6	..	13	1	..	6	1	19	1	10	29	4	26	19	2	2	4	2	2	1	4	11	3	8	31	2	
Cannock	825	363	70	6	1	4	9	14	25	6	22	2	19	36	19	25	31	6	4	4	2	1	5	1	2	37	6	17	61	2		
Coseley	592	325	56	..	..	3	1	10	1	8	..	..	16	4	28	1	19	36	1	38	61	9	1	13	1	1	1	1	12	3	5	57	1
Darlaston . .	461	268	51	..	..	5	..	11	..	12	..	1	18	5	17	1	26	28	2	24	36	5	2	8	1	1	1	1	18	1	5	43	..	
Heath Town .	274	170	28	..	..	2	..	5	..	2	..	1	9	6	15	1	7	25	3	15	17	1	1	4	1	1	4	14	..	7	32	..		
Kidsgrove . .	276	139	27	..	..	1	2	2	2	7	..	..	8	3	10	2	1	13	8	6	13	4	4	2	..	..	..	2	9	1	5	26	1
Leek	310	261	33	..	..	1	..	1	..	11	..	..	17	1	31	..	21	55	11	13	13	5	4	2	2	2	2	19	2	3	45	..	
Lichfield . .	151	98	9	..	..	1	..	..	..	8	1	..	7	1	14	1	5	14	4	3	3	2	1	1	1	1	4	3	..	3	21	..	
Newcastle . .	500	292	42	..	..	7	2	11	4	8	2	..	19	5	27	2	15	26	13	24	30	5	..	8	..	1	6	11	2	13	46	2		
Perry Barr . .	76	27	4	..	..	..	..	..	..	4	..	..	1	..	5	..	1	2	2	4	3	3	..	..	1	..	..	1	..	2	1	..	..	
Quarry Bank	169	82	13	..	..	3	..	..	..	4	..	..	6	1	6	1	5	3	..	12	6	1	1	1	1	1	1	3	1	..	22	..	

DISTRICT	Births	Deaths from all causes	Deaths under 1 year	Smallpox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Encephalitis	Meningococcal	Tuberculosis of Respiratory System	Other Tuberculous Diseases	Cancer Malignant	Rheumatic Fever	Diabetes	Cerebral Hemorrhage, &c.	Heart Disease	Arterio-Sclerosis	Bronchitis	Pneumonia (all forms)	Other Respiratory Diseases	Ulcer of Stomach or Duodenum	Diarrhoea, &c. (under 2 years)	Appendicitis and Typhitis	Cirrhosis of Liver	Acute and Chronic Nephritis	Puerperal Sepsis	Other Accidents and Diseases of Pregnancy and Parturition	Congenital Debility and Malformation	Suicides	Other Deaths from Violence	Other Defined Diseases	Diseases ill-defined or unknown	
Rowley Regis	853	425	70	...	16	..	7	1	16	5	...	36	7	26	1	6	39	44	16	22	50	5	2	3	...	4	8	1	3	31	3	10	65	...	
Rugeley	133	64	5	...	1	..	4	..	2	1	...	3	...	5	..	1	5	9	..	6	3	1	...	1	...	1	...	2	2	...	1	13	1
Sedgley	446	220	39	...	5	3	14	..	11	16	2	6	..	4	9	17	1	9	32	2	2	2	3	18	3	6	55	...
Short Heath .	113	53	7	...	1	2	...	...	...	...	...	4	2	5	...	2	7	7	2	3	3	4	...	...	...	...	1	...	1	3	...	1	12	...
Stafford	486	269	25	...	2	1	5	1	12	1	...	27	5	27	1	1	24	30	2	27	15	4	1	2	...	2	6	..	1	10	2	5	55	...	
Stone	90	75	6	...	1	1	...	...	6	...	...	2	2	8	...	1	4	11	...	7	3	...	...	...	1	1	3	1	...	3	1	...	22	...
Tamworth ..	170	107	10	...	3	6	9	1	...	6	2	9	...	1	8	11	8	5	7	...	1	1	1	2	1	3	3	1	1	17	1
Tettenhall ..	85	64	6	...	...	1	1	...	...	1	...	5	...	8	...	...	2	21	...	1	3	2	1	...	1	...	1	...	1	4	...	1	9	1
Tipton	913	532	116	1	16	1	8	2	15	2	...	31	14	38	2	3	27	28	5	41	73	6	5	20	1	3	7	..	2	50	3	15	112	1	
Uttoxeter ...	101	65	3	...	...	...	...	...	1	...	...	5	1	5	1	...	3	5	6	1	18	1	1	...	1	...	2	...	...	1	3	1	9	...
Wednesbury..	765	478	71	...	12	2	4	5	13	...	...	47	16	42	1	9	23	47	7	41	40	9	6	17	4	1	9	...	...	27	...	16	80	...
Wednesfield .	171	87	9	2	2	1	10	...	1	6	17	1	5	11	2	1	4	2	1	5	15	...
Willenhall ..	478	279	45	1	6	1	10	2	8	1	...	21	8	21	1	1	14	27	...	10	29	4	3	16	1	...	5	2	1	20	2	5	58	1	
Wolstanton .	592	396	52	1	2	2	7	3	11	...	...	34	7	59	3	4	30	49	19	37	29	3	2	5	2	1	10	..	4	26	1	19	45	1
Totals	11066	6287	981	3	126	22	127	43	228	17	2	425	112	527	20	47	383	562	156	488	673	89	40	131	29	23	122	8	23	392	46	186	1123	14	

DISTRICT	Population at all ages		Mean area per person in acres	Birth-rate per 1000 of population	General mortality per 1000 of population	Standardized Death Rate	Mortality in children under one year per 1000 registered births	Zymotic mortality							Tuberculosis of Respiratory System	Other Tuberculous Diseases	Cancer, Malignant Disease	Bronchitis	Pneumonia (all forms)	Other Respiratory Diseases	Cirrhosis of Liver	Acute and Chronic Nephritis	Congenital Debility and Malformation	Premature Birth
	Census 1921	Estimated to middle of 1925						Per 1000 of population						Diarrhoea, &c (under 2 years)										
								Enteric Fever	Smallpox	Measles	Scarlet Fever	Whooping Cough	Diphtheria											
Blore Heath	2,283	2,474	5.5	19.4	13.3	10.1	101	0.40	1.61	2.02	0.40	1.61	
Cannock	21,551	23,210	2.2	22.6	11.0	10.3	64	.....	0.21	.....	0.43	0.13	7.6	0.43	.....	1.03	0.77	0.60	0.08	.....	0.08	0.60
Cheadle	28,454	26,430	2.0	19.3	10.2	9.5	70	.....	0.22	0.03	0.22	0.03	11.7	0.34	0.22	0.94	0.56	0.60	0.03	.....	0.15	0.56
Dudley	29	23	3.0	13.4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Gnosall	4,634	4,718	6.1	21.0	10.6	.....	91	.....	.....	.....	.....	0.21	.....	.....	.....	1.27	1.48	0.42	0.42	.....	.....	1.27
Kingswinford	22,067	22,730	0.2	22.1	12.4	11.8	69	.....	.....	0.57	.....	0.23	0.08	5.9	0.52	1.67	0.83	1.10	0.22	.....	0.17	0.74
Leek	16,122	14,610	4.7	18.8	12.3	10.8	87	.....	.....	.....	0.27	0.13	0.07	7.2	0.34	1.37	0.75	0.68	0.27	0.07	0.13	1.02
Lichfield	29,448	*31,330	2.3	19.2	11.2	9.9	67	.....	.....	0.32	0.03	.....	0.06	9.4	0.57	1.08	0.51	0.70	0.12	0.06	0.09	0.60
Mayfield	3,993	3,918	6.2	17.1	13.8	.....	44	.....	.....	.....	.....	.....	.....	.....	0.51	2.29	0.51	.....	0.25	.....	.....	0.25
Newcastle	6,327	6,215	3.1	19.1	13.8	.....	67	.....	.....	0.16	.....	0.32	0.48	25.2	0.64	0.80	0.64	0.32	.....	.....	0.96	0.32
Scisdon	16,816	17,690	2.4	16.1	11.2	9.4	66	.....	.....	.....	0.05	0.17	0.11	10.5	1.13	1.01	0.56	0.56	0.17	0.05	0.45	0.39
Shifnal	689	685	7.9	20.4	11.6	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1.46	1.46	1.46	.....	.....	.....	.....
(Staffs. por.)																								
Stafford	†11,029	9,201	5.9	18.6	10.5	8.9	35	.....	.....	.....	.....	.....	0.11	5.8	0.43	1.19	0.87	0.43	0.11	.....	0.43	0.32
Stone	14,500	12,140	5.3	18.7	10.9	8.9	35	.....	.....	.....	.....	0.24	.....	4.4	0.16	1.56	0.99	0.49	0.16	.....	0.16	0.33
Tamworth	5,359	5,873	3.7	22.1	12.1	.....	84	.....	.....	.....	.....	0.17	0.68	.....	0.34	1.02	1.19	0.51	.....	0.17	0.34	0.85
(Staffs. por.)																								
Tutbury	8,908	8,983	2.9	18.9	13.4	.....	58	.....	.....	0.44	0.22	0.22	.....	.....	0.89	1.56	1.11	0.22	.....	0.11	0.22	0.66
Uttoxeter	8,295	8,220	5.8	17.4	10.7	.....	63	.....	.....	.....	.....	.....	.....	14.0	0.61	1.46	0.73	0.73	.....	.....	0.24	0.36
Walsall	13,019	13,800	0.8	18.0	10.8	10.8	80	.....	.....	0.43	.....	0.07	0.50	16.0	0.21	1.23	0.50	0.87	0.21	.....	0.07	0.58
Totals & Averages	210,223	212,300	2.9	19.5	11.4	.....	67	.....	.....	0.21	0.04	0.17	0.12	8.4	0.49	1.24	0.75	0.64	0.13	0.03	0.19	0.60

* The birth-rate for Lichfield R.D. is calculated on an estimated population of 33,080.

† The mean birth-rate in the rural districts is calculated on an estimated population of 214,000.

‡ The mean birth-rate in 1911 to 1929 in 1921 is accounted for by the temporary presence

District.	Births	Deaths from all causes.	Deaths under 1 year.	Enteric Fever.	Smallpox	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory system	Other Tuberculous Diseases.	Cancer, Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Hemorrhage.	Heart Disease.	Arterio Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of stomach or duodenum.	Diarrhoea, etc., (under 2 years).	Appendicitis and Typhitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other accidents & Diseases.	Congenital Debility and Malformation.	Infantile.	Other deaths from Violence.	Other Defined Diseases.	Diseases ill-defined or unknown.		
Blore Heath..	48	33	5	1	1	4	1	1	1	7	5	1	4	7	1
Cannock	526	255	34	5	..	10	3	11	10	..	24	..	7	8	46	1	1	18	14	2	..	4	3	2	14	4	10	58	1
Cheadle	512	271	36	6	1	6	1	14	1	1	9	6	25	3	1	13	49	15	15	15	16	1	1	6	4	1	..	15	4	8	46	3
Dudley	1
Gnosall	99	50	9	1	6	..	1	2	8	3	3	7	2	2	2	1	..	6	..	1	8	..
Kingswinford	503	282	35	..	..	13	..	6	2	11	..	..	12	3	38	1	1	20	39	8	8	20	25	5	1	3	1	..	4	..	3	17	..	11	38	..
Leek	275	180	24	..	..	..	4	2	1	6	1	2	5	..	20	1	1	22	32	8	8	11	10	4	1	2	1	1	2	1	1	15	1	3	22	..
Lichfield ..	636	353	43	..	..	10	1	..	2	21	3	..	18	6	34	2	3	13	58	20	20	17	22	4	1	6	..	2	3	3	1	19	4	14	66	..
Mayfield	67	54	3	..	..	..	..	..	..	..	..	1	2	..	9	..	1	4	5	1	1	2	..	1	..	..	1	..	..	..	..	1	..	2	24	..
Newcastle ..	119	86	8	..	..	1	..	2	3	5	..	..	4	1	5	..	..	9	20	3	3	4	2	..	..	3	..	..	6	..	..	2	..	2	14	..
Seisdon	285	198	19	..	..	..	1	3	2	5	..	..	20	1	18	..	1	15	33	5	5	10	10	3	1	3	..	1	8	..	1	7	5	9	36	..
Shifnal (Staffs. por.)	14	8	1	2	3	1	1
Stafford	171	97	6	..	..	..	..	..	1	3	2	..	4	2	11	..	3	6	19	4	4	8	4	1	1	1	2	..	4	1	..	3	..	3	14	..
Stone	227	133	8	..	..	..	..	3	..	8	..	..	2	1	19	..	3	7	17	3	3	12	6	2	..	1	1	1	2	..	2	4	2	1	37	..
Tamworth .. (Staffs. por.)	130	71	11	1	4	1	2	..	2	3	6	..	2	3	4	5	5	7	3	1	2	..	1	5	..	1	18	..
Tutbury	170	121	10	..	..	4	2	2	..	7	..	..	8	2	14	..	3	9	18	1	1	10	2	..	2	..	1	1	2	..	..	6	2	2	23	..
Uttoxeter ..	143	88	9	..	..	..	..	..	..	3	..	..	5	3	12	..	1	12	19	4	4	6	6	..	1	2	..	..	2	..	..	3	..	3	6	..
Walsall	249	150	20	..	..	6	..	1	7	2	..	..	3	2	17	1	..	13	14	1	1	7	12	3	1	4	1	1	1	..	1	8	2	7	37	..
Totals	4175	2430	280	..	..	45	9	36	27	97	9	4	105	31	263	9	28	159	391	82	160	136	28	12	35	11	6	42	7	9	129	24	77	454	5	

Table showing the number of cases of certain Infectious Diseases notified in each sanitary area during the year 1925, and the Attack-Rates per 1,000 of the population.

URBAN.

DISTRICT.	Estimated Population in the middle of 1925.	Small-pox.		Scarlet Fever.		Diphtheria.		Enteric Fever.		Puerperal Fever.		Erysipelas.		Con- tinued Fever Cases.	Cerebro- spinal Fever Cases.	Polio- myelitis Cases.	Enceph- alitis Lethar- gica.
		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate				
Amblecote ..	3,239	..	..	3	0.92	1	0.31	..	..	..	..	..	...	..	..	..	..
Audley	15,220	..	..	92	6.04	24	1.57	..	..	1	0.06	20	1.31	..	..	1	...
Biddulph ..	8,459	..	..	24	2.83	8	0.94	..	..	..	..	8	0.94	..	..	..	1
Bilston	30,210	...	...	53	1.75	53	1.75	1	0.03	1	0.03	14	0.46	..	..	..	...
Brierley Hill	13,110	..	..	17	1.29	10	0.76	1	0.07	1	0.07	8	0.61	..	..	..	2
Brownhills ..	20,310	..	..	73	3.59	40	1.97	..	..	2	0.10	10	0.49	..	..	..	2
Canrock	35,460	..	..	108	3.04	65	1.83	1	0.03	2	0.05	15	0.42	..	..	1	1
Coseley	25,690	..	..	20	0.78	20	0.78	..	..	..	..	9	0.35	..	..	..	3
Darlaston ..	19,180	..	..	29	1.51	16	0.83	..	..	..	..	3	0.15	..	..	..	...
Heath Town	14,220	..	..	25	1.76	10	0.70	..	..	1	0.07	6	0.42	..	..	..	1
Kidsgrove ..	10,350	..	..	31	2.99	17	1.64	..	..	2	0.19	8	0.77	..	..	..	...
Leek	16,860	..	..	107	6.34	9	0.53	..	..	..	..	8	0.47	..	..	..	1
Lichfield ..	8,387	..	..	4	0.47	2	0.24	..	..	...	..	3	0.35	..	..	1	1
Newcastle ..	21,530	..	..	50	2.32	31	1.44	..	..	..	..	3	0.14	..	..	..	...
Perry Barr ..	3,152	..	..	5	1.58	2	0.63	..	..	..	..	1	0.31	..	..	..	...
Quarry Bank	8,631	..	..	8	0.92	14	1.62	...	...	1	0.11	2	0.23	..	..	1	...

URBAN—continued.

DISTRICT.	Estimated Population in the middle of 1925.	Small-pox.		Scarlet Fever.		Diphtheria.		Enteric Fever.		Puerperal Fever.		Erysipelas.		Con- tinued Fever Cases.	Cerebro- spinal Fever Cases.	Polio- myelitis Cases.	Enceph- alitis Lethar- gica.
		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate				
Rowley Regis	42,760	..	..	95	2.22	54	1.26	1	0.02	1	0.02	16	0.37	..	..	..	11
Rugeley	5,197	..	..	4	0.77	..	..	..	..	..	..	1	0.19	..	..	..	1
Sedgley	19,320	..	..	53	2.74	24	1.24	..	..	1	0.05	10	0.51	..	..	..	1
Short Heath .	4,818	..	..	21	4.36	8	1.66	..	..	1	0.20	3	0.62	..	...	..	...
Stafford	29,030	..	..	98	3.37	19	0.31	..	..	2	0.07	2	0.07	..	..	..	3
Stone	5,649	..	..	11	1.94	1	0.17	..	..	..	..	3	0.53	..	..	1	...
Tamworth ..	8,227	..	..	1	0.12	66	8.02	..	..	..	..	..	..	..	..	..	2
Tettenhall ..	5,460	..	..	15	2.74	3	0.55	..	..	..	..	1	0.18	..	..	..	1
Tipton	36,900	..	..	63	1.70	18	0.48	3	0.08	..	..	19	0.51	..	..	..	2
Uttoxeter ..	5,541	..	..	3	0.54	2	0.36	..	..	..	..	3	0.54	..	..	..	...
Wednesbury..	32,960	..	...	68	2.06	49	1.48	..	..	1	0.03	27	0.82	..	..	..	...
Wednesfield ..	8,110	..	..	5	0.61	2	0.24	..	..	..	..	..	..	..	..	..	..
Willenhall ..	21,520	..	..	48	2.23	25	1.16	2	0.09	5	0.23	10	0.46	..	..	..	2
Wolstanton ..	30,170	..	..	85	2.81	50	1.65	1	0.03	2	0.06	13	0.43	..	..	4	...

RURAL.

DISTRICT.	Estimated Population in the middle of 1925.	Small-pox.		Scarlet Fever.		Diphtheria.		Enteric Fever.		Puerperal Fever.		Erysipelas.		Con- tinued Fever Cases.	Cerebro- spinal Fever Cases.	Polio- myelitis Cases.	Enceph- alitis Lethar- gica.
		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate				
Blore Heath .	2,474	..	..	5	2.02	2	0.81	..	..	..	..	..	..	..	..	..	..
Cannock	23,210	..	..	33	1.42	42	1.81	..	..	..	..	7	0.30	..	1	..	2
Cheadle	26,430	..	..	102	3.86	39	1.47	1	0.03	1	0.03	20	0.75	..	1	1	2
Dudley	23	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gnosall	4,718	..	..	4	0.84	1	0.21	..	..	..	..	..	..	..	..	..	..
Kingswinford	22,730	..	..	48	2.11	31	1.36	..	..	2	0.08	5	0.22	..	..	..	..
Leek	14,610	..	..	95	6.50	15	1.02	..	..	3	0.20	3	0.20	..	..	1	2
Lichfield . .	31,380	..	..	66	2.10	37	1.18	..	..	12	0.38	18	0.57	..	..	1	1
Mayfield	3,918	..	..	3	0.76	2	0.51	..	..	..	..	1	0.25	..	..	..	..
Newcastle . .	6,215	..	..	15	2.41	9	1.45	..	..	..	..	3	0.48	..	..	..	..
Seisdon	17,690	..	..	72	4.07	16	0.90	..	..	..	..	3	0.17	..	..	..	..
Shifnal	685	..	..	..	..	2	2.92	..	..	..	..	..	..	..	..	..	..
(Staffs. por.)		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Stafford	9,201	..	..	9	0.98	13	1.41	..	..	..	..	..	..	..	..	..	2
Stone	12,140	..	..	53	4.36	3	0.24	..	..	1	0.08	3	0.24	..	..	1	..
Tamworth . . .	5,873	..	..	3	0.51	55	9.56	..	..	..	..	3	0.51	..	..	..	..
(Staffs. por.)		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tutbury	8,983	..	..	34	3.78	10	1.11	..	..	..	..	..	..	..	..	..	..
Uttoxeter . .	8,220	..	..	8	0.97	..	..	..	..	..	..	..	..	..	..	..	..
Walsall	13,800	..	..	36	2.61	42	3.04	1	0.67	..	..	4	0.29	..	..	..	1

† Came into County Health Visiting Scheme as from 1st April, 1925.

†Came into County Health Visiting Scheme as from 1st April, 1925.

(a) One H.V. also serves part of Leek R.D.

(b) Also serves part of Walsall R.D.

(b) Also serves part of Walsall R.D.

(c) Also serves part of Willenhall U.D.

